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ORIGINAL ARTICLES.

HARMONY AMONG THE DISUNITED.

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THE TIMES, in its editorial under the heading "The Discord in the Profession," referring to an article in the same September issue under the title of "Discord in the Profession: the Responsibility and the Remedy," by the present writer, gives its position on the ethical controversy succinctly and with great clearness.

For a long while the TIMES has labored honestly and industriously for the unification of the profession upon a basis which, to any one acquainted with the sentiment of the national body of the homœopathic school, appears as entirely impracticable. And for such devotion to what this journal considered its duty, and the best interest of the profession, it has received treatment which was not deserved by the editors, was not a credit to the authors, and was disapproved in many cases, by some who are as decidedly opposed to the position of the TIMES, as are the utterers of the intemperate language with regard to the course, and the editors of that journal.

Only temperate and discreet discussion is likely to be of any permanent value; and however far from right or practical the TIMES may be in its position, it must be conceded that in looking back over the years of rather warm controversy in which it has contended, without much support, for the correctness of its views, it has borne itself with greater calmness and dignity than has characterized some of its opponents.

The lack of harmony and the unseemly antagonisms among members of different schools in the profession must be a matter of serious concern to all who really feel a deep interest in the profession at large, and who wish to see it command the largest possible degree of respect from an intelligent laity; and it is certainly commendable in any one to strive for the improvement of the character of the profession of which he is a part, and to raise it in the estimation of the public to a place which may render it secure from any attempt at taunt or reproach. An error in judgment as to the methods by which this should be sought to be accomplished does not render less worthy the purpose of one thus honestly engaged.

It is with some hesitancy that the writer again

asks space, hitherto so generously accorded, for some criticisms on the editorial position:

The TIMES claims that "it is a fact that if it had not been for the word 'homœopathy' the profession would be nearly a unit to-day." * * * "Drop that word from the vocabulary and all will have been done that the TIMES has ever asked, and the only bar to the recognition of scientists the world over will have been removed!" The writer, in his last article, takes the position that under all the circumstances unity is not to be hoped for, but that there should be harmony among the sects, allowing them, if they so choose, to continue as sects (under whatsoever names may seem to them suitable), and that the Old School should cease its illiberality as shown in its code with regard to those whom it pleases to stigmatise as practicing "upon an exclusive dogma," etc., but who deny such practice. Unity "will not come by pleading; it will not come by accusations of willful sectarianism: illiberality caused the divisions—liberality may overcome them; certainly no other course ever will."

Which position is right?

It is by no means conceded that the trouble is on account of the name, which is an insufficient and lame excuse—or that dropping the name would restore unity. As far as the TIMES is concerned it doubtless would, but we imagine there would be a loud and emphatic demurrer to the assumption that the TIMES is authorized to negotiate for that part of the profession which is opposed to the homœopathic school. There is really no person, journal or society that has a warrant to speak for all.

The history of the origin and development of the homœopathic school can not be ignored; the responsibility can not be shirked. The Old School refused and refuses to investigate the principle, and abused and abuses its professors. Each new accession of members to the profession in the Old School has been instilled with misrepresentation and prejudice, and one pretext or another has been found for regarding homœopaths as irregular—which they are not, according to any fair definition—and unworthy of courtesy and assistance. Only organization by themselves, the development of their own therapeutics, associations, colleges, journals, pharmacies, etc., to a point which has rendered them well-nigh, if not altogether, independent, has brought some of the Old School to feel that if the errant party could

be brought to humiliate themselves by furling the banner under which they have marched to success, they might acknowledge them as brethren. Originally the charge was that of false doctrine and folly. The right even to this having been finally recognized,* the false charge of "exclusivism" was framed; then followed the inconsistent and absurd cry of "trading upon a name" (as though the majority name of "regular" instead of that of the decried and despised minority were not a better name for this purpose—but finally came the simple charge of "sectarianism" as the disqualifying epithet, and as an excuse for unprofessional treatment of those whom they were taught to condemn and dislike.

The truth is there is an old, unreasoning enmity: "I do not like thee, Dr. Fell," etc.

Perhaps it is a case, in part, of heredity.

Disappointed in not being able to crush out the New School by ostracism and prophecies of an early death, and seeing that the public are largely siding, as usual, with the party that is persecuted and treated with injustice; and perceiving that the people are holding to accountability for the discord the proper party, the Old School now thinks of the importance of unity as conducive to a more respectful regard on the part of the laity, and possibly to more advantageous conditions in the profession. But it must insist upon the sacrifice in the controversy being made by the homœopathic party, which must yield its name (as though it were easier to give up a cherished name than a worse than useless section or clause in a code of ethics!)—an exaction unnecessary and impossible, under the present condition of things, of fulfillment! Matters have gone too far for this, and it will probably never be, unless possibly when the Old School shall have changed its attitude of hostility toward the system of therapeutics for the improvement of which, in connection with "all other branches of medical science" the American Institute of Homœopathy was organized. It is not merely the name that is really objectionable. This claim has probably never been regarded for one moment by any homœopathist. There is no reason why a name should be so fruitful, unless on account of associations. There is no reason why a sect should be so baleful. It is at least a question if sects may not be helpful. And as for charging inconsistency on one who does not bring all of his practice under the name assumed for convenience and distinction for honest purposes (no name could be coined comprehensive enough to cover all of any man's practice)—this is unfair and illogical, for this is not and has never been avowed by any considerable number of physicians. It is in the nature of things impossible, and is not professed.

* The late Dr. Austin Flint, Sr., in the *N. Y. Med. Journal* for April, 1882, says, "Any physician has a right either to originate or to adopt any exclusive dogma, however irrational or absurd it may be."

A Baptist is not confined to immersion alone, but holds to all the other tenets of Christianity. A homœopathist believes to a greater or less degree in the law of *similia*, and applies it as far as he believes in it or knows how to apply it: outside of this the whole domain of medical practice is as open to him as to any one else. He is a physician, *plus* a knowledge of, and a belief, at least to some extent, in homœopathy.

The *TIMES* doubtless feels that the whole difficulty lies in the adherence to a name; but the profession opposing homœopathists as certainly have a very different feeling—they oppose the thing as well as the name: but even upon the view of the editors, the remedy proposed is impracticable. The right of persons of special views to collect together under a particular name, whether that name exactly fits their object, or, from paucity of language only partly so, is a moral and legal right—and a very precious one—in one profession and another, and it is often expedient; and it is useless to attempt to attach an odium to this, and to ascribe all manner of evils and responsibilities to such association—the proof being entirely lacking—every thing being imagined.

It is alleged that "the Old School has long since ignored the name 'allopath,' and its use is nearly obsolete, or even quite, so far as that school is concerned!" Hahnemann christened the Old School allopathic (has it not stuck well?) and the name was, for the sake of distinction, to a large extent accepted for convenience—as the division was forced—but never generally as expressive of the mode of practice of the Old School, which was principally empirical; but when it discovered that the homœopathists were wrong in having a name, consistency required that they should renounce their own. They had a reason which homœopathists had not and have not. They simply do not find it expedient, and can not be cajoled into it because the Old School at this late day think that unity is so important. There are still numerous and important reasons for holding to the name which has served and still serves so good a purpose, even if the Old School is oblivious to them.

"That capital has been invested in colleges, etc., is no reason why this (dropping the name) should not be done if it is the right course." Possibly not, but it is not admitted that it is the right course: and it is a mighty reason why it may not be expected.

"The 'New School' having done this (dropped its name), a great responsibility will rest upon the 'Old School' and we will promise to labor hard to accomplish its realization." Unfortunately the Old School does not seem to regard responsibility. The responsibility now rests upon it, as it was originally responsible, and it can not shift it by its attempt to make it appear that it is reprehensible to have a name, when its own

course rendered it expedient and necessary. It can not so easily undo its mischievous work. It is in reality neither sinful nor criminal, nor is it vicious or harmful to be a member of a sect, with a characteristic title, provided its purposes and methods be honorable. It is decidedly wrong for an opposing sect to try, for a purpose, to make that appear obnoxious which is abstractly right and proper.

We have the utmost confidence in the good faith of the *TIMES*, when it promises, conditionally, to labor, etc., and it has shown much devotion to the work of trying to bring about a better state of things in the profession—having made more effort in this direction than has been made by any other periodical; and this effort on account of its honest purpose, deserves commendation; but it assumes more honesty and good intention on the part of the Old School than there is reason to believe exists, and it labors upon a line that is not likely to lead to the desired end. To ask an established sect to obliterate its identity, even for a good reason, is like "calling spirits from the vasty deep," and to ask that sect, so devoted to its object, and with the memory of its foughten fields, to yield what it holds so dear when it does not believe that any real good could be accomplished thereby, does not comport with the practical turn which is usually shown by the *TIMES*.

There are other sects in medicine beside the allopathic and the homœopathic. The eclectics have numerous practitioners and institutions—and there are others. How are all of these to be uniform?

The term New School would not help matters; it would be a sectarian designation—signifying nothing in particular—even more odious, for it would imply an Old School, antiquated and inferior of course, which would not be acceptable. Homœopathic is a term distinctive, but not necessarily implying superiority—as "regular" does, and as New School would—being of course spurned by the venerable. It would be "out of the frying pan into the fire." There would be an unending controversy, surely enough, as to the definition and limits of the Old School (really a term of reproach, as being behind the times) and the New School. When *unification* is effected there must be no schools.

But why not harmony among the disunited? Unification being utterly impracticable, why not a mutual respect and co-operation when the good or satisfaction of patients or physicians may require? Why, when unification is out of the question, should not efforts be made to do away with that illiberal feature of the old code which is the real bar to that freedom of intercourse that might be useful between members of different sects in medicine and in religion? Why not insist upon doing away with that scandalous clause which author-

izes every fledgeling of an allopathic college to superciliously stand aloof and look down upon the experienced veteran of some other school, saying in effect to him "I am better than them!" If the *TIMES* had labored as assiduously in this direction as it has in that of doing away with the innocent adjective "homœopathic," possibly more progress might be shown.

Some eminent members of the Old School seem to have shown quite an interest in the unification or harmonization of the profession, and they see motives in their brothers' eyes, while they seem oblivious of the great disfiguring beam in the shape of a dishonestly conceived section in their own ethical platform. Let them strike that out, and then talk about responsibility for discord! There will then be a possibility of securing that harmony which is the next thing to unity, and which must precede it! The clause referred to was placed there during an era of intolerance which has to some extent gone by, and when it was hoped thereby to quench out other sects than their own; but the mistake of this has been abundantly shown, and it is now acting as a boomerang, and the old codists, if not fossilized, should adjust themselves to the era of greater toleration. "Fair play is a jewel," is a popular sentiment. As "the blood of the martyrs was the seed of the Church," so the persecutions of sects has united and developed and strengthened them, as a reasonable amount of forethought might have anticipated. As has been the past, so is likely to be the future. Why ignore it?

The Bourbons have been charged with forgetting nothing and learning nothing. Is the profession to be always controlled by a set of old code Bourbons? Whether the old codists choose to recognize it or not, the fact is that any one is a *regular physician* who is a graduate of a regularly chartered college, or who practices the healing art in accordance with the laws of the country in which he resides, and no censorship by any one sect can be successfully practiced in this free land! All those in the profession who refuse to respond to calls for counsel or assistance from physicians or patients on the pretext of difference of school, or having a special name, are recreant to duty and to society. It is unprofessional in the strict and proper—but not in the sectarian—sense.

That the profession is divided, and almost always has been divided, and probably always will be—and that the laws recognize it as divided, is indisputable. That the divisions have names is a matter of course, and is of little or no consequence, excepting that it suits parties to unfairly make a handle of this.

It avails little that prominent Old School physicians argue in addresses, and editorials and communications in favor of unity, while their code bristles with illiberality and bigotry, and at-

tempt to force conformity with its "regular" views, and to dominate the whole profession.

While there can probably never be unity in the sense of the obliteration of schools, physicians of all schools should have a unity of purpose, and all should be ready to co-operate, in counsel or in action, for the help or comfort of suffering humanity. This is the true position—and it is only the old codist, with his armor of prejudice that ignores it; and thus brings the censure of the public upon the profession. "Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art, and let us, eschewing bickerings, so act as to uphold the dignity and honor of the profession, and thus command the respect of the world at large." Recognition and co-operation of members of different schools is a necessity to harmony—only after this, if ever, is there a possibility of unity. Once in a while an Old School brother recognises this fact, as for example, Prof. Curtis, of Chicago, who, in a communication to the *N. E. Med. Monthly* several years ago, wrote: "The often repeated assertion that 'a physician, to be a homœopathist must be first either a knave or a fool,' has no foundation in fact, and has been worth its millions to the homœopathic school. The system is old enough now to live on its merits, and free consultations and free intercourse, and common medical societies will put homœopathy on its merits and advance the cause of science and medicine, and its much doctored ethics."

There is also a world of wisdom and sound philosophy in some closing remarks of an editorial in the *Pacific Record of Medicine and Pharmacy*, some years back: "We are of the Old School, educated in the strictest interpretation of its dogmas, and for nearly half a century have obeyed its diction, but, perhaps 'the sunset of life gives us mystical lore,' and we realize how much more is to be gained by a courteous acquiescence in something we can not help than an unsuccessful contest against the inevitable. Let us modify our code—let us extend to members of other schools, if not the hand of fellowship and communion, at least the olive branch of peace, and recognize them as followers of Him 'who came to heal the sick.'"

Who can reasonably object to this doctrine? Is it not honorable, professional and Christian? Who refuses to accept it? Only the inveterate, stilted, hard-shell old codist, whose synonyme is bigot! What hinders its general adoption? *One thing*: the miserable, shameful blunder in a section of the code of ethics of the American Medical Association! Let the liberal, new code members of this body, who are strong enough if brave enough, rise in their might and sweep away this ignominious blotch and daylight beams! Let them continue to submit to what they know is false in its implications and harmful in its effects,

and the present unhappy condition of affairs must continue, on their responsibility, to afflict and displace the profession.

The *TIMES* is liberal in many ways, and strives vigorously and bravely for what it believes to be right. (It knows the old code is not right, and does not support that.) It takes the good "wherever found—on heathen or on Christian ground"—and *gives credit for it!* It probably surpasses all other journals in its readiness to do this. It is truly eclectic, in the proper sense, as all physicians should be. It serves the true purpose of a catholic medical journal in giving the news as to therapeutic progress, and opens its pages to all sides as far as medical opinions are concerned. It is fair and courteous to its opponents. It occupies a middle ground between the organized homœopathist and the Old School opponent of homœopathy. But it is unfortunate in its chief specialty—opposition to the name "homœopathic," as applied to physicians or institutions, thinking that to be the source of all our woe; and it grieves some of its friends to find it laboring in so fruitless a field.

What might it not accomplish if it were to advance one step on the liberal line, and overcome its aversion to schools or physicians with names indicating their class? What if it were to conclude that, unity being unattainable, it would give its able efforts toward promoting harmony among the disunited? Here would be an object worthy of earnest labor and sacrifice, with promise of a rich yield in results. Suppose it were to say: Brethren of all schools, let us be at peace! The wranglings of the past have been disgraceful and injurious to the profession; as we can not unite let us have harmony. Let each school pursue its way in peace, under its own banner, working in its own way for the good of science and humanity, let each treat all others with respect, counseling and aiding as may be required. Let the exclusivism of the past be forgotten, all offensive code phrases being wiped out. Let the odium of refusing to be thus liberal fall where it belongs—and if we can not at once give up distinctive titles, let us be so liberal and fair that there will be no inducement or provocation for their use! Suppose we say that the *TIMES* should plant itself upon such a platform. What a following it would have! Would it not soon have a grand army rallying to its support? The time is ripe for this. Members of all schools (not, of course, those who are naturally inclined to partisanship, and who regard their sect as a church militant) could unite in this laudable endeavor, and should the old codists persist in their perversity in refusing to bridge the chasm they have created, by placing some sound beams in their codal structure, they would themselves be "left out in the cold."

If necessary, a Union Medical Association might be formed, which would be more authoritative

than any other, having representatives from all the other societies, and possibly in time there might be found no necessity for all the various organizations which now exist. But, whether fewer or more sects may abide, let liberality and justice characterize all, and we may have harmony if not union!

THE BIOLOGY OF THOUGHT, WITH SPECIAL REFERENCE TO THE ALIENATION OF THE MIND.

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I. THE MATERIAL OF THOUGHT.

IN ORDER to safely avoid, in the mind of the unexperienced, a recurrence of the frequent mistake, to confound the sensory impression of outward objects and its meeting with the inner feelings, or the material of thought, with the reflective elaboration of this primordial occupation of the intellect, or thought itself, it is useful, to not subject at once, to our investigation, an accomplished instrument of thought-formation, or a full blown human brain, but one whose intellectual gift, while analogous to that of man in every other respect, does not extend to the faculty in question, viz., to turn on itself this crude material, and reflect it in the consciousness of a secondary apperception.

We have such a subject at our disposal; it is the brain of the higher animals and that of the human baby.

And from the actual state of the anatomophysiological science we may conclude that we are justified to avail ourselves of this method of research: "The brain of man is constructed on the same type as that of the monkey."* Psychological investigation has the advantage, even, of physiology; it is "a question by no means easy to answer * * * what is the representative, in man, of the center for the tail which in the new world-monkeys plays the part of a hand."† The research of ours being psychological, the tail has no hand in it, and so we may abandon the problem of its functional analogy with the human hand to the sagacity of the experimental physiologists, availing ourselves, for our practical illustrations, of the analogy of the animal and human brain, all the deplorable absence of a solution of the riddle of the cerebral tail center notwithstanding.

The principle point the observer has to mind, if he carefully wants to never find himself at sea about the relation of the formed thought in abstract reflection to its crude material in concrete apperception, is, that *there is no duality between this concrete apperception and existence*. They are virtually one. "The world," said the astutest

of the recent philosophers,* "is the conception I have of it."† And this holds good more obviously, even, in animals, all their apperception never transgressing the mere calling by it of the world—their world—into existence.

A wonderful illustration of this principle in man gives Cervantes, in his admirable romance Don Quixote, in the story which Sancho Panza relates of his two uncles, of whom, in the wine of a new cask which they were called upon to try, the one detected iron, the other leather, while nobody else detected any by-taste whatever, but which cask, on being emptied, revealed, really, as unexpected contents, at its bottom, a minute key with a tiny little leather string to it. And from this tale it follows, that in the world of the parties there were three sorts of wine, one with an iron taste, one with a leathery taste, and one with a regular taste, and in this there was not changed anything by the secret getting out, for even after that, the uncle who had come forward for the leathery taste, would not admit the iron taste, and the uncle who had come forward for the iron taste, would not admit the leathery taste, and all the others who had not tasted either iron or leather, would simply continue to claim that they had drunk wine out of a cask which had in it a minute key with a tiny little leather string.

The keenness of the senses depends greatly upon exercise. This is so with all function, mental as well as physical. But a great part of what we call keenness of the senses, is understanding, and is accomplished in the brain, or in the intellect, not in the sensory apparatus. The rule which obtains is, *all that part of an apperception, through means of a sensory apparatus, is intellectual, which, on analysis, resolves itself in a judgment*.

It is a fact, that persons bereft of one or more of the senses, develop the vicarious use of the remaining ones in a most astonishing degree; a blind man will develop his sense of touch and that of hearing most surprisingly; it is a case on record that a deaf and dumb girl, born blind, would recognize a person after weeks of absence by simply shaking hands. Blind bats will, in flying, avoid strings drawn across the room. I met once a splendid deaf mute dancer. He felt the music in his feet, by the vibration of the flooring. But, generally speaking, or, in a measure, just for that reason, the action of one sense will tend to help out the other. Thus the ordinary function of the sense of taste, by itself, is not capable to distinguish a burning cigar from cold smoking, and it takes special training, even in the expert, being blindfolded, to tell red wine from white. Now then, the sense of taste and the sense of vision being anatomically distanced altogether, how could such a supplementing of the

* Ferrier, Functions of the Brain, § 113.

† Ibid., Localiz. of cerebr. dls., p. 63.

* Arthur Schopenhauer.

† Die Welt ist meine Vorstellung.

one sense by the other go on, save in our intellect, where all the impressions of the body are gathered and in a corresponding nervous apparatus brought to a general expression in our consciousness?

In analyzing a primordial apperception, it is not only the sensory impression and its judgment in the brain which we have to take into consideration, but also the temper in which it takes place. There is something in the blood or the lymphatic system and the viscera which make it, and the sympathetic nerve which presides over these regions, irrespective of cerebral function and endowment. I had an instance of that on a drive the other day. It was early in the morning, the sun just rising, and my horse, a fast trotter, made good time in the congenial atmosphere, and frightened a couple of chicks, which, on their breakfast trip, had got distanced somewhat from the house over the road where they belonged. But when I approached they were a good number of yards off yet, and all they had to do, to remain on the safe side, was to simply do nothing but let me pass and then go where they had a mind to. But their chicken heartedness dictated differently. Terribly screaming, as if the horse's hoofs were at their combs already, they took themselves up, and with might and main ran, their wings helping, to cross the road before the horse, and when they had accomplished this heroic feat, they finished their travel by walking leisurely to the house. Now, then, this piece of silliness is so atrocious, that it exceeds even the limit of the bountiful measure of poultry, stupidity, and would not occur, were it not for the concomitant influence of timidity which has its bodily conditions elsewhere than in the brain.

A contrary instance I experienced on the self-same trip. A cat, probably on the watch for some game, was sitting close to the track of the left hand wheel of my gig, not more than eight or nine inches off from it, indeed, if that much, and although my horse was keeping up its dashing speed, pussy did not do so much as wink, let alone stir. The road going through a sort of underbrush on a common, there was only one track for each wheel, and the cat grasped the situation so completely, that she did not gain any motive to change the posture which she needed to make sure of the rabbit or whatever she was waiting for. Now, then, we might say that that was a pretty piece of intelligence for a cat. There are graduates of high schools who can not boast of that much of judgment. But yet, as for the cat, there was more of a stomach than brains in it. For, the cold blood presurmed, the judgment in itself, that a wheel which is keeping a certain track can not injure a body that is eight or nine inches off, is at the bottom not at all of an exceptional character, indeed.

Again, at our parlor window, overgrown with

some climbing shrub, mocking birds had built a nest. The children detected it and had a peep at the eggs. Now on my place a mocking bird is as safe as in Paradise. The tribe know it, and there are nests all over. But the little exhibition of curiosity, although never transgressing the limits of sympathy, was enough to raise the inborn suspicion of the couple, and very soon the nest was deserted. Here, again, it was the blood that did it, not the understanding as such.

The work crowding, and being short of hands, I gave a driver, a skillful man, two carts to do some hauling. The one he sat down in was drawn by a mule, a very sagacious animal. But when he drove off it happened that a hose they were just using for irrigation lay in the road, and this frightened the mule who mistook it for a snake; she backed violently up to the horse hitched behind to the second cart, and jammed it, because that did not get into any commotion, either taking the hose for what it was or not taking it at all, consequently not shying anyway.

Now, then, the point at issue was not in the brains of the two animals. The mule is bright enough to know a hose from a snake. But she is sort of skittish, very much on the lookout to not injure herself, and the mere possibility that the hose might be a snake was enough for her virgin maidenhood to see one. The horse is not so tender hearted. That is why I can not use him for neat work, cultivating, for instance. He will come down with his huge frame on the curd of a cauliflower as inconsiderately as on a grass sod, while the mule will step as tidily between the rows as though she had studied botany. And that is a difference between the two animals which is not in the brains. The horse is, if any, more intelligent even than the mule. It is in the blood, in the whole individuality.

And here it will not be *mal à propos* to remind the reader of the methodical requisite, to never forget, that the apprehension in an individual and the existence of the world are psychologically homologous, howsoever the world in itself may be, or may be supposed to be. Thus in the above cited examples out of the life of animals, to the chicks my gig WAS really a huge danger; to the mule the hose WAS really a snake, and to the mocking birds the faces of my children WERE really those of enemies. And whosoever denies the analogy in human intelligence needs only try to analyze female beauty, and he will, even if going first through all the æsthetical writings of ancient Greece and modern Europe, as the only certain, at last be driven to the axiom, which I do not hesitate to put forward as hitting the nail squarely on the head: All what a girl wants to be pretty is a lover. And, generalizing this, we may boldly assert, all the beauty of women is in the men.

A very important point which the student of

psychology has to notice, in order to distinguish well between the specifically animal intellectuality and human reason, and in the human intellect that part of it which is animal, is, that all animal intelligence, no matter how far advanced and conspicuous in its sagacity, is ACTION, and FOR ACTION ONLY. Suppose a dog lying at the door of his master's house, looking out: All that his brain is keeping busy with, is spying, spying for anything which may have reference to his *consigne*; his mind is not absorbed in thought, his intellect not preoccupied by theoretical rumination, but his attention, if at all, is kept awake by the simple problem, whether there may shortly any barking or biting business turn up. This is the sole object he is looking out for, and what his intellect is occupied with. He may for all that be drawn off from his work. There are dogs that are more watchful than others. Some are too sleepy or indifferent, others too good natured, others too greedy. This depends on their ganglionic disposition. But what they are drawn off their work by, IS AGAIN ACTION, be it only the dreamy recollection of an ungnawed bone. It is never thinking as such. And this refers especially to specific propensities. A hound is not a good watch dog. But this is not because of any deficiency of his intellect, but because in his mind he is bent upon a different kind of pursuit than barking at strangers or biting away cattle. By merely looking at a hound and a cur, one would never find out the difference between them; it is only in his action where the superior intelligence of the hound is displayed. It needs the sport to see the sport.

From all this it follows, that whosoever knows how to use an animal, does not deal any more with a dumb creature; he will understand the animal, and the animal will understand him, be the conversation ever so limited. But all this mutual understanding will never refer to anything but action, always go on in and with action, and never extend beyond that. By sporting philocanists who wanted to enhance their four-legged associates, it has often been raised the claim of a rational understanding among hunting dogs for joint action. Nothing of the kind can be proven, nor does a sensible interpretation of the phenomenon of exceptional sagacity among animals imply a regular conversation; between a pack of dogs it does so as little as between the dogs and their master. All what comes in, is practical indication, the immediate sensually inference, and the halloo and the whistle of the hunter are none but that, and if the barking of dogs is deserving the dignified name of a language, which it is not, then the halloo and the whistle and the whip, up to the very crack of the rifle, are a language too. But they are such as little as the rustling of the underbrush through which the stag breaks.

There is, without any doubt, in the intellect of the animal a combining process going on. But, properly speaking, it is not thinking. In methodical psychology it may not be called so. We shall see later that thinking is something altogether different. But it is more than a simple apprehension, and it is so conspicuous, intruding itself so peremptorily upon the observer, that the first methodical investigator of psychical life in its details, *Aristotle*, of ancient Greece, already gave it the name which in school language was handed down to us in the term *phantasmata speculari*. And as far as the animal part of his intellectuality is concerned, it goes on in man too, but only in so far as he is combining in his intellect without the help of language and the thought which it conveys. Such a combining is proceeded to through the means of full sensory impressions and the conclusions drawn from them, and by an instance of it the detail of it is easily demonstrated:

One day, the boys not being in, a milch cow of mine broke out, which, her calf having been butchered, it was to be feared would go astray, and had consequently to be driven back again. She stopped not very far off in the woods, turning to graze with a bunch of cattle she joined. I sent a colored yard hand after her, and put the saddle on a Texas pony, who was a passionate and experienced cattle hunter, and on whom I had to rely, not knowing myself any of the tricks of the business. I was successful in heading off the cow, which in a gallop made homewards, but suddenly stopped short at a fallen tree which somewhat ahead lay between her track and mine. I did not understand much at first what it meant, but realized the situation when my Texas pony stopped too, leaving the tree between her and us. Now I saw what the cow had counted on; it was, that in our eager pursuit we would jump the log, and give her thereby a chance to switch off to the side left free. But my horse was a match to such coarse tactics. He stood like a brick, and the cow the same, none of them wanting to give the other an advantage. It was an amusing warfare, but getting tedious, I ordered my negro to draw nearer, and multiply himself by some exploits of the vocal cords. That made the cow go on, my Texas lustily after her, and that way I cut off her hope to get anywhere except inside my fence.

Now, then, but for my order to the negro to crowd in, all and every single act in this little drama had been accomplished without thought in the proper sense of the word, and if my colored man had had or displayed as much sense as the cow and my Texas pony horse, he might also, from the circumstances, have concluded to do what, as a thought by language, I conveyed to his intellect, and then the whole would have gone off in the shape of the *phantasmata speculari* of

Aristotle, viz., an inference from immediate concrete sensory impressions and corresponding motives of action in man and animal, and the objects of such *phantasmata speculari* may be imaginary ones. As the speculari is going on inside of us, any imaginary objects are as much a reality as those of an outward apperception *ad hoc*.

In the above example, there was no doubt a kind of mental communication. But it was not that of language. It was an understanding. But it was not the understanding of abstract thought by reason and conversation; it was an incidental understanding of joint, or opposed action, and mutual, respectively inimical purpose, the immediate intuition by way of grasping the meaning of the concrete objects on hand.

"Nothing," says Addison, "makes men sharper than want," and since Addison the school of Adam Smith tried to build up on this sharpness a moral system, the consequences of which are about being felt in a universal upset of society. But Addison's opinion is correct, and is verified by animal life as well as human. Cattle are a stupid set, but in matters which refer to their stomach, where they are, so to speak, intelligent with a will, they are apt to surprise the observer. The anatomical cerebral outfit of poultry is exceedingly poor. But yet the adage of Addison applies to them. Whoever once in his life drove on a country road will have noticed their unparalleled silliness in keeping running before your vehicle, all freeness of room to the right or left to turn out notwithstanding. In the very chicken yard, before your own steps, they will do it, no matter how many hundreds of square feet of ground round about there are left for them. But, after putting up your horse, on driving out the chicks which availed themselves of the opportunity offered, to slip in the stable and revel in the droppings of the horses, you will see how nimbly they can turn round, and try to slip in again under your very feet!

Again, Addison's adage does not hold good under all circumstances. Want can dull the intellect.* It is dangerous to drive half-starved cattle on a pasture with poisonous herbs. Their greediness will seduce them to eat without discrimination, and they are liable to get killed.

There is a language of animals. Among beasts, even, as stupid as chickens, it is easy to notice. A rooster, for instance, will communicate by a specific vociferation that he has detected good feed; it is a sort of smacking sound which he utters, onomatopoeic one might say, the very sounds indicating to the senses, "Does not that taste nicely?" Similarly a hen has different sounds to call or to warn her chicks, and these are struck by such language, or understand it, without ever

having learnt it, and it is a language not restricted by any nationality or breed; it is by analogy of feeling that its sense is caught. Poets have called it the language of the heart. I would call it the language of the blood. And on analysis of this kind of language it will be found that it refers invariably to a feeling, never to a thought, and likewise ever to a sensually present observation, present, perhaps, only in the imagination of the parties concerned, but unexceptionally born out of and linked with something concrete, never the expression of something abstract or reflectively generalized in a category or class. The language of the animals is simply phonetic. It is the mere sound in which it is spent, and all that they can learn of a language is merely the sound. It is a kind of music, that is to say, the mere element of melody or quality of sound in it, without reference to its intellectual part, the harmony or the rules of the quantity of sound. And in man there is a language of feeling, too, which is independent of the nationality, because it is the language of the blood. It is a language without grammar. But it is as communicative, as far as it goes, and more expressive, perhaps, than many a language of schools and scholars. Thus, for instance, a nursing mother, if she has any feeling at all, will distinguish by the sound of the cries of her baby what it is that it wants, whether the cause is a pain, or whether it is hunger, or whether it is simply lack of comfort. A physician, as a matter of course, ought to learn that much of nursing too. The writer was annoyed once in a railway car, together with the other passengers, by a baby which screamed in a most frightful manner, all the attempts of the nurse to cheer it up notwithstanding. The trouble was, the baby did not want to be cheered up, but wanted to sleep. But the nurse, a half developed girl who never had had a child, did not catch the sound, nor the accompanying gestures either. At last, the screaming becoming intolerable and the nurse despairing, so that the writer needed not fear any more a rebuff for uncalled for counsel, he stepped forth and gave the nurse the key of the situation. Overglad to give her arms a rest, she put the baby in a recumbent posture, when, on a sudden, the child, like an organ of which the air pump plays out, from the highest pitch of an exasperated larynx, with a kind of edging off grunt, not only subsided into perfect repose, but, like dropping dead, fell asleep. Now, then, this was language. But it was the language of the blood, the understanding of which wants sympathy which the nursing girl was short of. Music is such a language, too. But there are people enough to whom it is inexpressive, and, as far as melody is concerned, will not estimate a mocking bird or a nightingale higher than a frog or a mosquito.

* "The deliberations of calamity are rarely wise."—BURKE.

THE PREVENTION OF COLDS.*

BY HENRY G. HANCHETT, M. D., NEW YORK.

THE theory that best explains the cures of homœopathy is the theory of reactions. The homœopathist makes better cures than his Old-School rival because he relies upon the powers of nature and does not complicate the case with toxic symptoms; and he makes more cures because he has better data for the selection of such means as will call into action those forces of nature needed in the fight with the particular disease in hand. His cures are made by irritating certain of the vital powers so slightly that they can easily repel the attack and hence will be sure to *more* than restore the former equilibrium, and by directing this irritation at such of those powers as will, in thus overcoming the attack, inevitably devote this surplus of energy to the cure of the disease under treatment.

And it is now pretty well established that the same slight irritations can bring about the same excess of reaction where no disease exists, and that the surplus of power thus made available along a particular vital channel, can be relied upon occasionally as an auxiliary defence against an anticipated attack of sickness. With some such idea belladonna is given where scarlatina threatens, apis to ward off diphtheria, and alcoholic beverages in anticipation of any unusual exposure. The acknowledged uncertainty of drug-therapeutics is, however, nowhere more conspicuous than in this branch of prophylaxis, and the reactions of vital power so induced are in marked and unfavorable contrast with the expressions of physiological antagonism that can be drawn to the skin by discriminating applications of menstrea of regulated temperature. Given any reasonable degree of vital power, plus a sound skin, and a bath of some kind can be so applied to that skin as to bring about a reaction; the application can be so regulated as to induce a reaction that will more than counter-balance the primary effect of the bath; and the surplus of vital energy thus called into play can be developed into a permanent addition to the power of the skin which can be relied upon to increase its efficiency as a regulator of internal temperature, and a defense against external attacks.

The members of such a body as this society do not need to be reminded of the frequency with which cold appears among the ætiological factors of disease. For several sets of pathological phenomena even its name is in common use alike by the laity and the profession, and for how many others is it thought to be a more or less potent cause! No doubt it has often been unjustly blamed for effects that should have been traced

to other causes—some of which will be pointed out presently—but its power to harm is within the range of universal experience. Avoid it in this climate we can not, and no artificial defense of any kind or mode of action has yet been discovered that does not give rise to frequent disappointment when put to the test. But a natural defense that can be depended upon to protect us from such evil effects as frequently follow ordinary exposure to cold, is at the command of every individual of average vigor, in a sound, active and well developed skin.

To prevent colds, then, why should we not adopt the plan of developing the elasticity and vigor of the skin? Clothing and the habits of civilized life both tend to hamper and relax the skin, and make special effort necessary to secure and maintain the highest efficiency of the organ. The way in which such effort should be directed has already been indicated. The skin should be prepared to meet and resist atmospheric cold by systematic and regulated exposures to cold treatment, which is easiest applied in the bath. Begin with such a temperature as is easily within the reactive powers already present, when the time of exposure is properly regulated, and increase the demand for reactive effort as the ability to respond becomes greater, and thus develop the peculiar powers of the skin by use, on exactly the same principle that is universally applied in strengthening the muscles.

A case in detail will make clear how this plan of prophylaxis is to be carried out. Mr. A. B. was a resident of Boston, a married man of about thirty-eight years of age. Six or eight years before coming under observation, he sustained an attack of pneumonia from which he recovered with a condition of the lungs thought by his physicians to be so delicate as to make a residence in Boston during the winter very imprudent for him. He was told that a cold would almost certainly result in pneumonia in his case, and that a second attack of that disease would probably terminate fatally.

He therefore spent the months from December to April, each year, in the South, at great inconvenience and loss to himself. He then came under the care of Dr. A. H. Laidlaw, of this city, who undertook to fit him for a winter residence in Boston. Treatment was begun in October with trunk and spine rubbings twice a day, continued for from six up to ten minutes, washing off with water gradually reduced in two weeks' time from 90° F. to 70° F. At the end of the two weeks half-baths were commenced, the duration of which was uniformly three minutes, and at first two baths daily were given. The initial temperature was 90° F., which was reduced by 1° F. at intervals of three days until 85° F. was reached, then 1° F. was deducted each week until 75° F. was reached, then 1° F. each fortnight till 70° F. was

* A paper read before the N. Y. County Homœopathic Medical Society, Sept. 12, 1889.

reached. At that point the temperature was maintained through the treatment of this patient, although in some exceptional cases 68° F. or even 66° F. can be advantageously employed. During the whole treatment one day of rest was allowed each week, and occasionally a second break in the week was made. The following spring the baths were reduced to one daily and so continued. The first winter was passed in Boston without a cold. The second winter a slight cold was experienced, lasting about five days, but yielding readily to treatment. Seventeen full winters have now been passed by this gentleman in Boston, and so far no second attack of pneumonia has been experienced.

Of course, in giving these baths for this purpose an important point is the encouragement of the reaction by brief but vigorous exercise in cool, fresh air before dressing. My own plan is to step from my morning bath into my sleeping room, which has remained freely open to the outer air throughout the night, and there to exercise by dumb-bell movements, chest-weights and jumping, for ten minutes, and then to dress. The bath towel I ignore, and I deprecate the vigorous dry rubbings with coarse towels and flesh brushes which are so often advised. Of course, no sane man would step from a bath of 90° F. into a frosty air for any purpose—that part of the plan is for those of fairly developed vigor, who are using colder baths and reacting from them easily.

Oftentimes when we say we have "taken cold" we might more appropriately state that we have "taken heat," for the influenzas prevail when the temperature tends upward, in the spring time; and more than half the colds are caught when leaving the crisp, bracing outer air of winter to enter the close, over-heated rooms in which so many Americans seem to take delight during the cold season. Still the plan of treatment I have detailed will protect even against these exposures, for it develops elasticity and responsiveness in the skin, while it is the sluggishness of that organ as compared with the mucous membrane, in relaxing under the influence of higher temperature, that allows the congestion of the lining of the air passages; and it is its inactivity as a cleaner—combined frequently with obstructions at the other outlets, and an overloaded condition of the nutrient vessels—that continues the congestion as an influenza or catarrh. You will readily see how the plan of bathing and exercise will act as a prophylactic against colds induced in this way, as well as against the evil effects of cold itself. A healthy and active skin is a very desirable possession regardless of the character of the exposure to which its owner is subjected, and regulated bathing will secure the health and activity of the organ in any properly nourished individual.

A STUDY OF CINCHONA.*

By J. T. KENT, M. D., PHILADELPHIA.

A MARKED anæmia, very much like that found in quinine cachexia, whether caused by sulphate of cinchona or cinchona, is cured by cinchona in suitable doses.

It has a stage of marked anæmia, almost bloodlessness, with a disposition to hemorrhages and dropsies. This has led us to make intelligent use of cinchona, in suitable doses, for such dropsies as have resulted from or followed severe bleeding. An individual bleeds extensively from the stomach, the blood is vomited; after vomiting of blood, dropsy comes on, waxy, sallow, almost transparent skin, with bloating of the feet; cinchona is generally the remedy.

We notice again in hemorrhage from the uterus, lungs, or other exhaustive hemorrhages, dropsy follows. It is analogous to the quinine cachexia, ringing in the ears, great irritability, pallor, waxiness, weakness upon walking or upon any exercise, always chilly, always suffering from pains such as we find in the quinine cachexia, every exertion causes free perspiration. So it has been said the complaints that come from bleeding often relate to cinchona as the indicated remedy, simply because large doses of bark produce a tendency to the breaking down of blood, and it is this anæmic stage which produces dropsy. Now this is a constitutional state, and we have symptoms indicating cinchona in plethoric individuals, but it is the exception. Debilitated, weakly, anæmic, waxy persons are the ones that are most susceptible.

Cinchona contributes very successfully to a debilitated malarial state and cachexia. Living under a malarial influence for a considerable length of time will produce this state of breaking down of the blood; it is likewise a thinning down of the blood—that is the common expression, but the individual is waxy. We notice those symptoms in persons living in a malarial swamp for a considerable time. We see them in the south and southwest, and throughout the Mississippi valley particularly; the face is sallow, pallid; is tinged with yellow. There is more or less duodenal and gastro-duodenal catarrh in these old complaints and you have a great yellowness of the countenance. So the malaria brings about a cachexia, a malarial state, a malarial diathesis, almost analogous to that found in quinine. Now it has been found that cinchona in some cases is the remedy for the malaria cachexia, and knowing that it produces that cachexia and cures it, we ask ourselves the question: when is it the remedy for that state? When is it the remedy for this anæmia? This is only speaking of the general physiological effect of the drug.

* An abstract from the *Med. Advance*.

Look at the ferrum subject when he is in that state, and compare him with the malarial cachexia and the cinchona cachexia, and you will find that they are very similar. Sepia is another remedy which produces considerable depression and breaking down of the blood corpuscles, and natrum muriaticum is another one producing a cachexia.

Cinchona produces a great deal of pain in relation to its sufferings and its symptoms; pains in the limbs and in the course of the nerves which are made worse by the touch. The mere touch will establish these pains when they have become generally quiet; touch the seat of pain, it will immediately rouse up and become more and more severe with the handling, which hard pressure relieves. It is a rending and tearing pain, aggravated by touch, not so much aggravated by motion; sometimes cinchona is relieved by motion. Again, these pains are aggravated from a draught of air; from the lifting of the covering.

A woman who has been through her confinement, has had a severe hemorrhage, so as to become quite bloodless, pallid; pains of limbs come on, that are rending, tearing; the least lifting of the covers, the least draught of air from an open door, is felt at once; the least touch or handling by the doctor or nurse aggravates the pains. This is characteristic of cinchona, and if it is in harmony with all the rest of the case it will be the remedy. Even the teeth may take on this pain, and so sensitive are they, and so intimately related to this hemorrhagic state, that when the child is put to the breast the teeth rend and tear as if they would be extracted; then we have the key-note of cinchona.

We find any number of individuals who have long suffered from losses of vital fluids, hemorrhage, etc.; peculiarly debilitated, nervous, extremely irritable, whose sufferings are often palliated or cured by cinchona, and unerringly with this is a peculiar cinchona headache. The pains are in the temples, often extending from temple to temple, rending, tearing pain, relieved in a warm room, but coming on as soon as the patient goes out into the open air.

A cinchona diarrhoea will be marked by frequent, gushing, watery, chocolate colored or black, inky stools, frequently all night; seldom in the day time, except after eating.

Arsenic is a cold subject like cinchona, always shivering; pains are worse from cold, better from heat, with the exception of headache, which you know is the reverse in arsenic.

No head pains of cinchona are better from cold washing, but in cinchona relief from heat runs through the entire remedy with one exception, and that exception you must be sure to remember; that is the chill. The chill is not ameliorated by heat, nor the warmth of the stove. The cinchona patient, when the chill is on, suffers terribly. The

chill is violent, but the patient obtains no relief from the stove; sometimes the chill is actually made worse by the warmth, while the bone pains and sickness of stomach are sometimes relieved by the hot drinks. There is another exception to cinchona. In the common complaints of the stomach, warm food disagrees, the symptoms of pain are made better by heat. It associates in the stomach symptoms with two remedies, with which it is totally unlike in every respect, pulsatilla and phosphorus. Pulsatilla will be made sick by warm things, so will phosphorus. Aversion to warm drinks, warm things; pulsatilla, phosphorus and cinchona.

Well, we see arsenic is running into cinchona all the way through. Cinchona has not the great restlessness, but has the prostration, the anæmic condition, the tendency to hemorrhages.

Cinchona has one marked condition that stands out in bold relief, the tympanitic. The abdomen is distended with gases, the individual is constantly belching, but it is unsuccessful; it gives no relief, rather seems to increase, for the more air he eructates or throws up the fuller he becomes; increased flatulence. It associates here very closely with carbo veg. If you compare the symptoms carefully you will see in carbo veg. and cinchona parallels running very closely together all the way through. Carbo veg. and the cinchona meet in the flatulent condition.

In carbo veg. it is generally said that if he can belch a little he gets relief, but in cinchona the more he belches the worse he becomes; with lycopodium, in belching he gets no comfort and no relief. Both have great distension of the abdomen.

Sleeplessness is another of the peculiar weaknesses of cinchona—protracted sleeplessness—and I will tell you how to make use of cinchona in one particular kind of sleeplessness. It is a simple point you will say. A woman having been confined has had a very severe hemorrhage followed by wakefulness night after night, entirely unable to sleep, cinchona comes in and produces sleep with a restful quiet night, and marked improvement thereafter in the general condition.

The hemorrhage is violent, gushing, at the ending or after it has gone on awhile convulsions come on, partly from anæmia of the brain. Secale and cinchona are the two medicines that will most likely conform to the symptoms. These are used in connection with the result of the hemorrhage producing the sudden anæmic condition of the brain. Puerperal convulsions in connection with violent hemorrhages.

Slight touch aggravates many of the complaints of cinchona, but hard pressure will relieve the pain.

When we come to the teeth and tongue, in low forms of fever we find cinchona indicated by sordes about the teeth, black tongue, bleeding about the

mouth. In low, anæmic subjects, we often have a fever which has come on as the result of exhaustion from hemorrhage. In the febrile states and local congestions, cinchona, after hemorrhage of the uterus, violent inflammation of the uterus, hemorrhage from the kidney followed by inflammation, hemorrhage from the lungs which is followed by inflammation—where the tissues have become depleted by hemorrhage they take on a local congestion and you are likely to find symptoms of cinchona associated with such a case. Peculiar to cinchona we have these local congestions after hemorrhages, peritonitis, inflammation of the uterus or ovaries, as the result of uterine hemorrhage, and as the result of hemorrhage of the bowels. Cinchona has this peculiarity, a debilitated state of the blood vessels that predisposes to hemorrhage, and a low fever, dry, black tongue, often associated with typhoid. There are disorders of the taste, smell, capricious appetite, aversion to bread and particular articles of diet; he is whimsical. It corresponds to the debilitated constitution; he don't know what he wants; aversion to the common things upon the table; violent thirst for cold water, drinks little but often; that you will remember is also true for arsenic.

Cinchona has thirst before the chill; no thirst during the chill; thirst between the chill and heat, as the heat becomes marked the thirst ceases, as the heat passes away the thirst comes on again, and it increases until it gets markedly into the sweat, when the thirst is marked and strong for ice-cold water in large quantities; that thirst you will find nowhere except in cinchona.

CLINIQUE.

ALL DISEASES ARE DUE TO SOME LESION OF THE NERVOUS SYSTEM.*

By C. E. LANING, M. D.

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If micro-organisms ever *cause* disease, they do so through the influence which they exert upon the nervous system; and if remedies ever *cure* disease, they do so by virtue of their action upon the nerve centres. If the first proposition is correct, the second must be also; if the first is not, then the second can not be true.

If remedies *have* cured many of the diseases now considered to be of germ origin, then they (the remedies) must have done so by virtue of their action on the nervous system; for it is irrational to presume that the attenuated form in which the remedy has been given in many alleged cures could have possibly mingled directly with the blood and so have killed the microbes, or at least rendered them incapable of doing further harm. And even if such a thing be admitted, how can we reconcile it with the fact that many different remedies have been found beneficial or curative in a germ disease, which, according to the germ

theory, must in each case have been caused by the same specific germ? Why should different remedies be given during the course of a zymotic disease? If the first stopped or held in abeyance certain symptoms, did it act by *destroying* a portion of the microbes, or by rendering them *all* less active. If it destroyed any, all being identically the same, why was not their destruction complete; and if it had such an effect upon them as to cause temporary benefit, why would not a repetition of the dose produce still further improvement—and if given sufficiently often, entirely dispose of them and cure the patient?

If diseases are really due to germs and were curable only through the destruction of the same, then would there be remedies specific for each disease, and only such germicides could be of avail.

There are no specifics for a given disease. Mercury in syphilis and quinine in malaria, perhaps, come the nearest to deserving this title; and yet every physician knows how far they fall short of filling the requirements of specifics. Quinine has been shown conclusively to destroy many micro-organisms, if it be present in exceedingly minute quantities in any fluid containing them. In spite of this fact there are many so-called germ diseases which it will not affect, and its frequent failure to cure malaria is notable.

It is claimed upon good authority, that men who work in mirror factories and whose duty it is to place the quicksilver on the back of the glass, never contract syphilis, and that those who work in copper, seldom or never are attacked by cholera. This looks as if these drugs might justly be claimed as specifics in the diseases which they seem *always* to prevent, and many times to cure. This view is fallacious and deceptive, for it is evident that many conditions or circumstances might so fortify the system as to enable it to successfully resist for at least a long time a given disease, yet if the disease had once seized the organism would prove entirely inadequate to its removal.

Hahnemann observed, that in many instances those persons who had made a thorough proving of a drug, were rendered much less susceptible or entirely invulnerable to the attacks of diseases which when developed, give rise to the same or similar symptoms to those which had arisen during the proving of the drug. In short, those nerve centres which had been acted upon by the remedy, had acquired a power of resistance to morbid influences, greater than that possessed by them previously.

The explanation of the above facts is as follows: Any part of the organism, if extra work is put upon it, up to a certain point develops, increases in volume and power in order to meet the exigencies of the new demand. A muscle strengthens by having its task increased; but there are few who stop to realize that this development takes place *pari passu*, and as a result of nerve growth.

The gradual subjection of the entire nervous system or any part thereof, to the action of a drug which arouses its antagonism, beyond doubt increases the size and resistance of the parts acted upon, and if continued long enough, leaves them with a permanently augmented force. It is scarcely necessary to bring forward any evidence of this, and one illustration will answer. There are few who have not experienced the agonies of a first pipe, cigar, or chew of tobacco, and with rare exceptions, all have found that though the next attempt may have been postponed for years, nevertheless, the weed has not had the awfully energetic action that it did at first. Some may look upon this as an evidence of a weakening rather than a strengthening of the nerve power; considering that its resistance to the tobacco is less than at first. I do not believe this to be the true explanation nor to be sustained by analogy or facts. If tobacco or any drug is used beyond a certain limit, the nerve centres which have first resisted it, are finally overcome and weakened. If a heart which has undergone com-

* An abstract from the *Clinique*, Aug., 1889.

pensatory hypertrophy, in case of a valvular lesion, be taken beyond a certain point, power developed as a result of the exaggerated work put upon it soon becomes lessened, and dilatation and almost entire loss of force follows. A nerve cell as well as a muscle develops power under increased work, up to a given limit; but one, as well as the other, weakens if an abnormal strain be too long kept upon it.

If syphilis and cholera are caused by germs or some subtle poison, and it seems as if we must accept one or the other as the exciting cause, how do copper and mercury prevent most cases and cure others? Do they remain in the blood and thus act as destructive agents to the syphilitic and choleraic poisons, or germs, as soon as they enter and so prevent their getting any lodgment in the system?

This can hardly be considered possible if all the facts of the case are taken into consideration. First, there is no evidence that either of these metals in any form or strength such as could be introduced into the body without injury, have the power to render harmless the micro-organisms which are possibly the cause of diseases that they prevent and sometimes cure. That they possess germicidal properties is well known, but it is not proved that they act destructively upon the germs of syphilis and cholera respectively, and until it is, it is like giving aconite for all cases of fever, because it is good in some forms of it.

Secondly, admitting that both of these metals are germicides, there is no reason to suppose that the syphilitic or choleraic germs possess such a varying degree of resistance that in one case they are readily destroyed by these remedies, while in another they apparently are not affected in the least; or if they do vary so that sometimes they resist these drugs and continue to ravage the system in spite of them, why is it that other remedies not possessing any germicidal properties, or at least not nearly in the same degree as those under discussion, are sufficient to accomplish what the cuprum and mercury failed to do—cure the patient.

If mercury simply comes in contact with the microbes, and by destroying them prevents or removes the symptoms which they would, or have produced, how is it and why is it that if the drug be introduced into the organism, when the germs are absent, it will give rise to almost identically the same conditions that the germs are supposed to? If it acted in this way, then, as Bäumlér has suggested, the "largest possible quantity of the drug that could be absorbed in the shortest possible time, would act the most certainly; whereas, we find that the opposite is the case, and that when, from large doses of mercury, salivation occurs, new localizations of the disease take place. The more nearly we approach to an utter avoidance of the physiological effects of mercury on the system, provided it exercises a sufficient influence on the manifestations of syphilis, the surer we are of obtaining beneficial results."

This serves to illustrate what has already been stated, viz.: that if a nerve cell be over-stimulated by a remedy, it becomes weaker instead of stronger, at least temporarily. Thus, the mercury which, if given in a certain quantity, increases the resistance of the tissues acted upon by the syphilitic poison when administered beyond a certain limit, weakens them, and "new localizations of the disease take place."

I believe that the whole explanation lies in the fact that, no matter what therapeutic method may be followed, the curative agent employed must reach the nerve centres that are affected and act upon them as a stimulus. When I say stimulus, I use the word not in the ordinary sense, but in the sense that resistance is a stimulus to a muscle, causing it to grow, that thought is to the brain, increasing its power, not a stimulus which compels the nerve cells to give up their force more rapidly than they can gain it, but

one which obliges them to grow, to develop, and hence increases their power of resistance to any inimical agent. The whole universe represents the action of many antagonistic forces, and every *organic* body is so constructed that under certain conditions, and up to a certain limit, is able to increase its powers of resistance to forces opposed to it, which would, should they gain the ascendancy, cause serious harm to, or the destruction of the organized body, that is, its death. Why any poison or influence capable of so affecting a series of nerve centres, as to give rise to a definite group of symptoms identical with those produced by some drug, will not also call forth their resistance to an equal degree with the drug is inexplicable.

It must be understood that there are many paths leading from various points of the body to a given group of nerve cells, and that although there must be a shortest and best route, we can not always know which it is or which of our therapeutic agents will travel over it.

That a desired group of cells can be reached by various paths and various means, there is ample clinical proof. For not only may different drugs reach and affect the disordered nerve centres, but also other means may be successfully employed. To make this intelligible, it is necessary to be familiar with the fact that while nerves may be generally classified as motor and sensory, there are several subdivisions which play an important role in the economy. Thus, there are the excito-secretory, the reflex excito-secretory, the inhibitory-secretory and reflex-inhibitory-secretory, excito-motor, reflex excito-motor, inhibitory reflex-excito, inhibitory excito-motor, excito-vaso-motor, reflex-excito-vaso-motor, inhibitory excito-vaso-motor, reflex-inhibitory-excito-vaso-motor, calorific nerves with their reflex excitor nerves and their direct and reflex inhibitory nerves, frigorific nerves with their accessories, the same as the foregoing, and last, but not the least, the trophic nerves with direct and reflex connections.

These nerves, their functions, their paths, and the agents which act upon them all in a definite manner, present a vast field for study and experiment, and it behooves the physician who wishes to keep abreast of the times to know all that is known of them.

Let us now see how some of these nerves may be made of service to us in curing disease.

I have stated it as my belief, that tubercle, cancer and all forms of tumors are but so many evidences that the nerve centres controlling the tissue at the point where the abnormal growth has shown itself, are so affected as to cause a greater or less variation or modification of the physiological type of the cells constituting the tissue involved. Are there facts which will sustain this theory? I think there are. If a tubercle is due to the presence of a microbe, and if the microbe or millions of them have selected a site in which to build up a colony of tubercles, what influences can be brought to bear to compel them to evacuate the premises? Can the nerve centres controlling the territory in which they are located be made to generate any force that will destroy them and drive them out of the system, or at least that position occupied by them at a given time; or must some substance, a germicide, capable of killing them on contact, be sent by way of the blood current to directly storm their fortifications?

And if the nerve centres are capable of disposing of microbe, tubercle, *et al.*, can they be made to do so only through a direct action upon them, or can they reflexly be so affected as to excite them to the proper action?

Can the above, not advanced in the shape of a theory, but merely as a question, be answered fully or in part by any facts in our possession? It certainly can.

There are a number of authentic cases in which it having become necessary to perform laparotomy, for the purpose of diagnosis and as the initiatory step to a possible opera-

tion, there has been revealed a peritoneum thickly studded with tubercles. It not being considered best to operate, the abdominal cavity has been closed until such time as might be deemed advisable to offer surgical interference for the removal of whatever growth may have been developing in the abdominal or pelvic cavity. Now, the point bearing upon the question before us is this: On opening the abdomen, after a varying length of time from its closure, every vestige of a tubercle had disappeared. Certainly the knife which had been used to perform the laparotomy in the first instance, could not have by contact or otherwise, directly destroyed all the microbes in all the tubercles. Neither can we refer their death to the direct effects of whatever antiseptics were used in making the primary incision, for in some of the cases absolute cleanliness was the only antiseptic precaution observed.

What could have induced this change, for even if the tubercles and microbes had only gone to some other part of the body, some force, some exciting cause must have been brought into play, of such a nature as to make it impossible for the microbes to longer continue their residence in the tissues of the peritoneum. Nothing but the influence of the nervous system upon the structures affected could have produced the results spoken of, and that such results have occurred there can be no doubt, for of my own personal knowledge I know that such was the case in several patients operated upon by my colleague, Prof. Ludlam.

It now becomes necessary to call into action some of the nerves referred to above. Every area of the body has passing from it to the central nervous mechanism, nerves which when excited either inhibit, or intensify the action of the nerve cells which preside over the function and nutrition of that special region. Thus from any given point a message may be sent to the central nervous system, the reply to which may increase or diminish the amount of blood at the point from which the message was sent, or may increase nutrition or diminish it, or modify it in such a way that certain cells entering into the formation of the tissues at said point are multiplied out of their normal proportion and others lessened as in pseudo-hypertrophy; or still further, the nutrition of the part may be so modified that cells having entirely a different form and size are developed, which cells have not the power to perform the function of the original tissue. And still more, from any point may be sent a message which will raise or lower the temperature at that location, and that too without increasing or diminishing the amount of blood at said point, this being due to the action of what are called for the want of a better name, frigidific and calorific nerves. Reflexly the secretion of a gland may be increased or diminished; the heart's impulse made stronger, weak, rapid or slow; the peristalsis of the intestines increased in force and frequency, or the reverse, and so on through the entire list of the organic functions. Enough has been stated I think, all of which we positively know to be true, to sustain me in the point I now wish to make, viz.: that the entire mechanism is under the control of opposing forces, the proper balancing of which constitutes the condition termed health.

If the cells entering into the formation of a given tissue at any time increase to beyond the normal number or size, the trophic centres controlling them are either acting in excess of what is normal, or the opposing centres, those which inhibit nutrition, are not acting up to normal.

It is positive that a tissue may hypertrophy or atrophy, without the nutritive qualities of the blood being in the least diminished, and as has been shown, not only may the nutritive changes be such as to increase or diminish the bulk of a given tissue, but also they may entirely change its character and weaken or destroy its functional activity. In case of all abnormal growths the problem is how to play one force against the other, for while tissue may be built

up faster and differently from what is normal, it can if the proper means are employed, be unbuilt, so to speak, and made to assume a normal type.

The opening of the abdominal cavity in the cases referred to, through the irritation necessarily incident to the operation, and possibly kept up for some time by the sutures, reflexly inhibited the nerve centres which were causing abnormal tissue development in the peritoneum, and at the same time increased the activity of those whose function it is to destroy and cause to be carried away abnormal growths. If it seems remarkable that these results should happen through such apparently slight causes, and if it seems strange that the stimulus was sent to the proper centres entirely by a reflex route, it will not appear so I am sure, when one or two facts are taken into consideration. All of the nerve centres in the organism, with the possible exception of those concerned directly in the intellect, are caused to act, to throw out their force to the particular structures over which they preside, by reflex irritation. All the functions of the body, including nutritive changes, depend for their operation upon the integrity of the reflex mechanism.

The nerve centres being physiologically called into action reflexly, it stands to reason that they will be readily and powerfully influenced by agents that reached them through this route. There are many facts which prove this statement to be true. It nevertheless can not be made easily available for the purpose of stimulating weak centres or inhibiting too powerfully acting ones, for the reason that the reflex circuits through which *effective* impulses can be sent must be carefully studied out, and as they differ widely for the various parts of the body, only a series of experiments based upon an accurate anatomical or physiological knowledge of the nervous system, can insure success in the application of any method of treatment which is destined to produce its results through the reflex mechanism. It is absolutely impossible to accomplish any wide range of cures by reflexes excited from a single given point. The entire body is a mass of intricate, though definite reflexes, the perfect knowledge of which will sometime enable the physician to accomplish cures now considered impossible.

THE USE OF THE CURETTE FOR THE RELIEF OF UTERINE HEMORRHAGE.

BY ARTHUR T. HILLS, M. D.

Surgeon to the Ward's Island Hospital and the House of the Good Samaritan Diakenessen.

Some forms of uterine hemorrhage are best treated by the curette, and when other means have failed, the application of the curette will frequently relieve what has been a most extensive hemorrhage, one that has exhausted your patient's strength, and your own ingenuity, as far as internal medication and styptics are concerned. The cases best suited for its action, are those of hemorrhage from retention of portions of the ovum or decidua membranes after an abortion, or labor at full term.

The profession differ very widely as to the immediate treatment of incomplete abortion, but with the safety of antiseptic precautions, one can remove at once the membranes, if any be retained, thereby protecting the patient from hemorrhage and, possibly, septicæmia. We have all met with cases that give a history of abortion having occurred several months before, and since which time they have suffered from metrorrhagia. By the use of the curette portions of the retained ovum or decidua are removed, and the hemorrhage ceases at once. In these cases we usually find the os uteri patulous, and the curette enters the uterine cavity easily, and without previous dilatation. It is not infrequently that we find patients flowing

profusely for some weeks after delivery at full term, they have been through the routine treatment of internal medication, and ergot and sulphuric acid dilute have failed to give any relief.

We dilate the cervix either with the steel dilator, or with the laminaria tent, which is undoubtedly the safest variety of tent, and passing up the curette, we remove some pieces of placenta, the hemorrhage ceases, and involution goes on uninterruptedly. We have also metrorrhagia or menorrhagia caused by fungus granulations of the endometrium. In these cases the curetting should be thorough and complete, and the patient prepared for it. An antiseptic vaginal douche should be given before the operation, the patient placed under an anæsthetic, the cervix well dilated, and the whole mucous membrane removed, the uterus should then be washed out with a solution of carbolic acid, and the patient kept in bed for five or six days. In some cases curetting for removal of fungosities has to be repeated even when done in this thorough manner, and this treatment further supplemented by drainage and intra-uterine applications. Used in this thorough manner the curette is also an invaluable aid in diagnosis, as illustrated by a case recently coming under my observation. A patient of forty years of age, had been under treatment for uterine hemorrhage for more than a year, and all internal medication faithfully tried, but without success, I curetted the uterus, and specimens of the endometrial growths were submitted to the microscope, and it was pronounced encephaloid-sarcoma. The curetting relieved the exhaustive hemorrhage, and with the aid of intra-uterine applications has been kept almost free from any bleeding, and the patient particularly comfortable. The curette is of the greatest diagnostic importance in women about or past the menopause, where there is too free menstruation or an irregular flow. When a woman of forty years of age or older complains of an irregular or more or less continuous flow, it is generally due to some pathological condition of the uterus, frequently of the endometrium, which can be removed by the curette and a diagnosis made. Cancerous disease is not unusual at this age, and curetting is a justifiable palliation. While attending the clinic of Prof. Playfair, at the Kings College Hospital, London, this summer, I noted the fact that the cancerous cases were curetted thoroughly, and then the cavity of the uterus was filled with small tampons saturated with a solution of iodoform and eucalyptus, and the result was most satisfactory as a palliative measure. In the endometritis complicating fibroids, the curette often gives palliative relief. It is generally known that more free and intractable hemorrhage occurs from uteri containing sub-mucous fibroids or intra-mural growths that project in the uterine cavity. At one time it was thought that the hemorrhage came from the surface of the tumor, but later research has determined that it is an error. The surrounding endometrium undergoes villous degeneration as in other forms of fungous endometritis, and it is from this surface that the blood is poured. If in intra-mural fibroids where there is excessive hemorrhage, the fungous growths are removed by the curette, the hemorrhage soon becomes controlled.

In malignant disease of the cervix, the curette has only a limited application, more radical means becoming necessary. Mucous or fibrinous polypi of the endometrium are readily removed with the sharp curette.

Anæsthesia is not always necessary, but in private practice it is better not to give the patient much pain. The patient should be upon the back as a rule, but the Sims position may be preferable in some cases. The cervix drawn down with a tenaculum, and the vagina thoroughly disinfected. The curette is inserted, and after the cavity of the uterus is well scraped, it is washed out with a solution of carbolic acid. Should the hemorrhage be excessive, use liq. ferri persulphatis undiluted and wash out the excess, and continue to wash until the wash water returns clear.

Hank's probe-pointed curette will be found preferable where a sharp instrument is not required, and Syms or Simon's where sharp edges are required for the removal of fibroids and cancerous tissue. Care should be taken, where the walls of the uterus are thin, not to go through into the cul de sac. Curetting is contra-indicated in cases where there has been any recent inflammatory process in the vicinity of the uterus, such as pelvic peritonitis, pelvic cellulitis and salpingitis. A very careful examination should be made, and a full history of the patient taken, covering a long period, and if any symptoms of a previous peritoneal inflammation be discovered, the operation should be deferred, otherwise we are more than likely to meet with serious trouble.

ON THE CONNECTION OF PNEUMONIA WITH INCARCERATED HERNIAS.*

BY DR. PIETRZIKOWSKY.

Not seldom after the reposition of incarcerated hernias, whether from the simple taxis or from the cutting open of the sac, there appear pneumonias, in explanation of which, not regarding the aspiration pneumonias and the so frequent hypostatic pneumonias of old people, nothing has been offered, for there is a total lack of any inflammatory complication from the wound or the peritoneum.

Clinical observations and the pathologico-anatomical experiences have led Gussenbauer to the opinion that they are of *embolic origin*, for no other discoverable cause can be seen, and Pietrzikowsky, Gussenbauer's assistant, reports his results obtained from careful study of the clinical cases, the pathologico-anatomical investigations and the experimental trials made.

Clinical observations showed that out of 401 cases of incarcerated hernias, there were 52 cases with pulmonary symptoms, which, according to their character and symptoms, must be regarded as acute catarrhal changes or as hemorrhagic infarctions. As a result pneumonias of a lobular or a lobar nature. The lung-symptoms especially make their appearance in those cases, in which the intestine which was incarcerated, shows no signs of far-progressed changes and can be replaced at the operation; they are wanting in manifest gangrene of the intestine, in incarcerated omental hernias, when the large omentum is removed at the operation, and in those where the short time of the incarceration and the slight intensity of the incarceration of the intestine have produced no disturbances in the circulation.

The pathologico-anatomical examination of those who have perished after reposition of the incarcerated hernias have confirmed this fact that in a large number of cases lobular pneumonias were found at the necropsy.

The experiments made in explanation of the genetic connection of the two processes in intestine and lungs shows the presence of infarctions in the lungs and liver, which were more or less distinct, according to the existing circulatory disturbances in the incarcerated intestine. (Pietrzikowsky made artificial hernias, incarcerated them, cut the incarcerations again and at various intervals killed and dissected the dogs.)

The thrombi causing these infarctions originate from the incarcerated intestine and its mesentery. The pneumonias coming on after the reposition of the incarcerated intestinal convolutions, must either be produced by septic thrombi and by the infection of the existing pulmonary infarctions by the bronchial secretion.

Hence, Pietrzikowsky thinks that, from his clinical and pathologico-anatomical experiences, the pulmonary symptoms coming on after the reposition of hernias (incarcerated) have been certainly confirmed by his experiments upon animals.

* Translated by Albert Pick and F. Pritchard, M. D., Boston, Mass. from the "Münch Med. Wochenschr., No. 20, 1889."

Revelations By Electricity.—Dr. F. T. Paine, in *Dan-
iell's Texas Medical Journal*, makes the following state-
ments:

I have found every woman who has come under my ob-
servation, and has been the subject of sexual troubles, to
be the subject also of electrical anesthesia, so that I have
established for myself a certain set of tests, or a system of
diagnosis.

For instance, when a female applies at my clinic for
treatment, I ask permission to touch the ankle with an
electrode. If the ankle responds to the current, I now go
no further in that direction; but if there is anesthesia,
then I apply an electrode to the breast, and if this gives no
response, I am sure of finding anesthesia of the ovarian
regions—and have never yet been disappointed.

In the past nine months I have examined and treated
quite a number of females, and have invariably found the
above electrical symptoms, accompanied by a state of
nervous exhaustion that might be properly diagnosed neu-
rasthenia.

Most of such patients suffer with some form of dyspep-
sia, and generally the longer standing of the case, the
worse are the dyspeptic symptoms. Some have had
strange hallucinations, some are demented to some ex-
tent. All, so far as I could ascertain, were, to a greater or
less extent, devoid of sexual feeling.

On the other hand I have found scarcely a man in whose
lower limbs or breasts there was a loss of feeling to the
current, and wherever I have found this state to exist in
the male, he has acknowledged to sexual excesses or to
masturbation.

Clinical Therapeutics.—For the successful study and
profitable pursuit of clinical therapeutics (says Prof. I.
Burney Yeo) there are three mental qualities which are
essentially necessary; they are, (1) absolute openness of
mind; (2) what is almost the same thing, absolute freedom
from prejudice, and (3) insight. Probably no physician
ever reached great eminence in his art without the latter;
it is the most precious of all gifts, and one which we should
early attempt to cultivate. It is the power of penetrating
through phenomena and divining their causes and mean-
ing; the power of at once distinguishing the real from the
unreal, the semblance from the reality; the power of dis-
tinguishing deceptions of all kinds, conscious or uncon-
scious. I found a short time ago in one of my note-books
the following story, the source of which I have, however,
forgotten: an old Scotch minister was awakened out of his
sleep to go to see a great lady in the neighborhood, who
was thought to be dying, whose mind was in dreadful
despair, and who wished to see him immediately. The old
man, rubbing his eyes and pushing up his night-cap, said,
“And when were her leddyship's bowels opened?” And
on finding, after some inquiry, that they were greatly in
arrears, he said, “I thoct sae. Rax me ower that pill-box
on the chimney-piece, and gie my compliments to Ledydy
Margaret, and tell her to tak those twa pills, and I'll be
ower by-and-by mysel.” They did as he bade them—they
did their duty and the pills did theirs, and “her leddyship”
was relieved. This, gentlemen, was insight; this was truly
clinical therapeutics.

**The Characteristic Play of the Features and Move-
ments of the Limbs in Sick Children.**—(Soltmann; *Jahrb.
F. K.*, XXVI. 2.) As soon as a disease attacks a child the
countenance assumes a much more expressive character
than it has in health, the body assumes an unwonted posi-
tion, and the limbs become either unnaturally active or
unnaturally quiet. Attention to these peculiarities and
any peculiarities of the thorax and abdomen as well must,
of course, be supplemented if possible by other means, but
not unfrequently these are all which are available.

Children suffering with pneumonia usually lie upon the

back; those with pleurisy upon the affected side; those
with peritonitis also lie immovable upon the back, and the
slightest jarring of their surroundings is an evident cause
of pain. The countenance of children with peritonitis has
a painful, *drawn* expression, and their breathing is quick
and shallow. In croup the changes of countenance are due
to stenosis of the larynx with consequent want of air and
disturbance of the circulation, the severer the disease the
more intense being the expression of anxiety. They are
constantly moving about, the face being red and bathed in
perspiration, the eyes and mouth wide open, and the mus-
cles of respiration fixed and tense. The countenance of a
child suffering from retro-pharyngeal abscess resembles
that in croup, especially in the evident desire for air, but
the head remains stiff, and thrown backward, the submax-
illary and supra-clavicular regions are filled out, and food
and drink, if taken, are regurgitated. The expression in
diseases of the heart resembles that in diseases of the
throat and lungs, but the course of the former being usu-
ally more chronic, the anxious character of it becomes
fixed and immovable. In the acute inflammatory diseases
of the brain the countenance is peculiarly expressive. The
size and shape of the cranium, the shape and condition of
the fontanelles and sutures, have an indirect bearing in
forming the diagnosis of brain and meningeal troubles,
especially in chronic hydrocephalus. In simple and tuber-
cular meningitis there is a fixed expression as of deep
thought which is quite characteristic. In simple menin-
gitis the head is thrown backward, the eyes glitter, the
pupils are contracted, there are furrows in the middle of
the brow, the light is avoided, the masseters are contracted,
and the mouth is firmly closed, upon the skin there are red
spots and the fists are clenched. As exudation takes place
into the brain, there are paralyses, the visual axes diverge,
the eyes have a vacant stare, and consciousness disappears.
A similar expression is seen in basilar meningitis, but the
various changes come on gradually. In simple meningitis,
also, the skin is pale, the body emaciates, respiration be-
comes slow, irregular and deep, and occasionally a sigh is
heaved. When the optic chiasm is pressed upon the eyes
are rotated upward, the head is thrown backward, and the
countenance expresses astonishment. The child lies on his
back with his arms crossed over his head, or with his hands
plucking at his hair and lips. The face is red or violet, and
there is the so-called projectile or cerebral vomiting. As
the exudation increases there are convulsions, squinting,
ptosis, trembling at the angle of the mouth, and finally
general paralysis, with a tired vacant expression, a bound-
ing pulse, rapid respiration and death. In trismus and
tetanus, among the preliminary symptoms is an expression
of weariness and anxiety. In chronic dyspepsia, intestinal
catarrh and enteritis the facial expression is that of disgust,
loathing and aversion, as if there were a bad taste in the
mouth. As the child becomes weak from the excessive
discharges, the face has a spectral appearance, the nose
pointed, the lips thin, the eyes sunken, covered with thin
mucus, and surrounded by blue lines. In chronic intestinal
catarrh and follicular enteritis the face is emaciated, the
skin being gray, with no perceptible demarcation from the
mucous membrane, and hanging in folds. The cranial
bones seem to sink inward, the eyes are sunken with folds
radiating from the external angles, the mouth gapes widely,
and the cheeks are hollow. In addition to the foregoing,
peculiarities might also be mentioned in connection with
infectious diseases and such constitutional disorders as
rachitis, scrofula, tuberculosis, hereditary syphilis, etc.

Citric Acid for Tumors.—Hypodermic injections of
citric acid (saturated solutions) have been successfully used
by Dr. Fenn, of San Diego, for the extirpation of malignant
tumors. The acid, he says, is antagonistic to diseased
tissue, but is innocuous to healthy cells; hence the results
obtained.

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THE HARMONY OF UNITY.

THE TIMES is very glad to allow Dr. Orme to have his full say in respect to those points of ethics which are the main cause of "discord in the profession," because he is respectful, conscientious and honest, notwithstanding the fact that we can not agree with some points in his argument.

The TIMES is of the opinion that the term physician is "comprehensive enough to cover all of any man's practice," no matter what his opinions and theories, and would lead to that unity which is the foundation of harmony in the profession.

The term "allopath" is not honestly applicable to any set of physicians to-day, neither is the term "homœopath" properly applied to but few of those who claim the pseudonym at present.

The American Medical Association at its last meeting abolished its rule requiring members to subscribe to its code of ethics. Certainly this is a movement in advance toward the end we have long advocated, and we shall hope and confidently expect other changes which will place the dominant school beyond criticism as to its being in the way of the progress which surely leads to that unity which must bring harmony to the whole body medical.

The TIMES has never asked sacrifice of a single principle, and would oppose with all its might any attempt to abridge individual opinion or action. Whatever is done must be accomplished with humiliation of none. We have tried to found

our code upon those everlasting and sound principles embodied in the "golden rule," and if all would try to be guided by these teachings the world would be the better.

As Hahnemann was responsible for the names which have divided the profession into sects, would it not be proper for his followers and representatives to withdraw them if there is no occasion for their further perpetuation?

Is it too much to ask of Hahnemann's follower's?

Dr. Orme's suggestion that "a union medical association" be formed, meets with our hearty approval, and we shall be glad to further its objects in any way in our power. We have heard that a similar society is doing excellent service in Chicago, where physicians of the two schools meet together in perfect harmony. We are confident that if the members of the schools could know each other better there would not only be harmony but unity.

IT IS said that a great sensation has been caused in New Hampshire by the discovery of another actively maintained bogus college of medicine, similar in management and larger in extent than the Druid College of Maine, a full expose of which was made some years ago. This latest chartered institution is the Trinity University of Medicine and Surgery, having nominal headquarters at Bennington, Vt. Its methods of business, briefly told, are these: Any person desiring to buy a diploma covering both medicine and surgery has, if possessing the necessary money, had his choice of the following institutions, all of which exist merely on paper: University of Cincinnati, Montreal Medical College, New York State Medical College, Trenton (N. J.) Medical College, University of New Hampshire, Trinity University of Medicine and Surgery. The value of diplomas representing the above institutions has varied from \$60 to \$300 each.

There is no doubt but hundreds of them have been purchased throughout the West and South, while New England numbers its victims by scores.

Dr. D. S. Adams, of Manchester, who is chairman of the State Board of Censors, while pursuing official investigations in the State Department last November, discovered the incorporation of an institution about which he immediately became suspicious. It was the University of New Hampshire, nominally located at Nashua, and managed by Fred. G. Wheaton, Ph.D., as president, and H. F. Bradbury, M.D., secretary. He also discovered that these persons were con-

nected with the "Trinity University of Bennington," though passing under other names, Bradbury also doing an active business in Lowell, under the name of Dr. Freeland. There it was learned that a large correspondence was received. Bradbury, it was learned, figured as "Dr. Ripley," of No. 71 Cornhill, Boston, where all correspondence appertaining to Trinity University was forwarded. When Dr. Adams's agents had completed their negotiations with Ripley, it was agreed that a diploma of Trinity University should be delivered to them upon receipt of a handsome financial consideration. This was done, and a newspaper man who was working in the case volunteered to pay for the sheepskin. As soon as it was evident that a criminal case had been made out, the authorities took charge of the case, and it is probable that important developments will take place within a few days.

JOHNS HOPKINS professors have very sensibly had a jolly time since their duties ceased last June, according to the *N. Y. Tribune*. Dr. Richard T. Ely spent the first part of the season at the Chautauqua meeting in company with Dr. Herbert B. Adams. The vacation of Dr. Henry A. Rowland, professor of physics, began on the first of July, when he packed up his beloved camera and, accompanied by his brother-in-law, started off to view the beauties of Alaska's rock-bound coast via the Canadian Pacific Railway. After trying to exhaust the Alaskan rivers of their trout supply, Professor Rowland viewed the glaciers, the most important of which he photographed. The negatives are now in process of development at his private rooms in the physical laboratory. From this land of ice floes Professor Rowland went south to San Francisco, and from there to the Yosemite Valley, where his camera was again brought into requisition. After ascending Pike's Peak, merely to say that he had done so, he came home, having travelled in all 11,000 miles, or 220 miles per day, since July 1.

It would be better if Americans would spend more of their time in visiting their own soil, rather than spending so much in visiting foreign countries.

DRS. BUROT and Bourrie affirm in their paper read at the recent meeting in Grenoble, of the "Congrès de L'Association Française pour L'Avancement des Sciences," that sick persons in the state of hypnotism become very impressible to the action of many substances, especially of medicines, so that these will produce their

characteristic effects by only placing them in well-stoppered bottles within a certain distance of the patients. These observations were fully confirmed by Dr. Luys, who had been requested to examine the subject and report upon it. Luys said he could produce nausea and vomiting by simply placing a sealed tube containing one or two grammes of powdered ipecac, without any previous notice, behind the neck of the hypnotised person. The effects produced, which include convulsions, paralysis, hallucinations, etc., are said not only to vary with the substance, but with the point of contact, so that certain substances will produce different emotional expressions, according as they are placed on the right or left side of the patient. M. Luys concludes that medical men have thus placed within their reach a new method of treatment in nervous disorders, and he states that in this way he has obtained a distinct diminution of convulsive attacks in two patients suffering from hystero-epileptic convulsions.

IN *Science* for August, 1886, Dr. Henry B. Baker asserts, as a demonstrated fact, that in any given place wherever studied, pneumonia is quantitatively proportional to the coldness and dryness of the atmosphere; and as this is true for every month of the year, it follows that, if there is any pneumonia which is infectious, it is absolutely dependent upon those meteorological conditions for its action upon the human organism.

The same writer advances a theory of the causation of pneumonia, which, briefly outlined, is as follows: Air expired from the human lungs is nearly saturated with vapor of water at a temperature of about 98° Fah., and this contains about 18.69 grains of vapor in each cubic foot. The quantity of vapor exhaled is at all times greater than the quantity inhaled; but when the air is very cold and dry, the quantity exhaled is excessive, as may be seen when we reflect that air at 32° Fah. can contain in each cubic foot only about two grains of vapor. The fluid which passes out from the blood into the air-cells of the lungs, and which normally keeps them moist, contains some of the salts of the blood; and the chloride of sodium, not being volatile, is mostly left in the air-cells when the vapor passes out with the expired air. When the air inhaled is excessively dry (as it always is when excessively cold), this salt collects in the air-cells of the lungs in considerable proportion. This is proved by statistics, which show the increase of pneumonia at such times, taken in connection with the fact that chloride of sodium in the lungs is in excess in

pneumonia, which was proved in 1851 by Lionel S. Beale. Dr. Beale also verified the observations by Redtenbacher, made in 1850, that during the onward progress of pneumonia the chlorides disappear from the urine, and reappear when convalescence has been established. In the air-cells the chlorides are irritating when they become concentrated; but the exudation of fibrin, which is the most prominent condition in pneumonia, is probably favored by a fact in osmosis which is not generally well understood—namely, that albumin, which it is usually considered will not pass by osmosis, will pass through an animal membrane to a solution of chloride of sodium. Thus the causation of pneumonia by the inhalation of cold dry air seems to be completely worked out. As a cause of death, pneumonia is one of the most important diseases. It is to be hoped that its prevention will now begin.

THE London *Practitioner* says that the late Surgeon-Major E. B. Gardener has recorded a case illustrating the benefits of pepsin in diabetes mellitus. His patient was a native of India, aged thirty, who had suffered from diabetes for about two years, and was blind from cataract. He was restricted to milk or buttermilk, bran bread, and meat two or three times a week; and five grains of pepsin were given twice a day. The urine immediately diminished in quantity, and became of lower specific gravity; and at the end of six weeks the man was so far improved that, though not well, he was able to take starchy and saccharine substances with impunity. The advantages claimed for this mode of treatment are:

1. That the pepsin can be given in addition to other remedies, and during observance of dietetic rules.
2. That it permits a relaxation of strict rules of diet before they become injurious.
3. That it never causes, but frequently relieves, any troublesome affections of the skin.

A GREAT many theories have been propounded in explanation of the mode of formation of ozone in the atmosphere, the latest of which is that of C. Wurster, whose observations have led him to conclude that it is formed by the action of sunlight on clouds. He states that when clouds are continually formed from above they become highly charged with this active form of oxygen, whilst those formed from below only contain it in notable quantity in their upper layer. This theory has one advantage over many others, it admits of confirmation or refutation both by ob-

servation and experience. Artificial clouds are easily formed, may be confined in glass vessels, and there exposed to sunlight. Ordinary ozonometer paper contained in the same vessel will at once display the formation of ozone if it actually occurs.

THE American Social Science Association held its annual meeting at Saratoga recently, and among the papers read was one by Miss Allier Crook, of Massachusetts, who treated of "Training Insane Women in Domestic Industry." So much for our domestic industry, especially in cookery, is already conducted by apparently insane women, that the whole subject is of bitter importance to the American public. Miss Crook's essay should be printed by the agricultural department, and copies of it sent broadcast through the land.

FROM a correspondent of the *American Practitioner and News* we learn that a distinguished medical officer, Surgeon-Major Pringle, who has lately returned from service in Bombay, addressed a meeting in London on the subject of State vaccination. This authority is greatly astonished to find on his arrival in what is supposed to be a civilized country, inhabited by men of a higher stamp than the Indians among whom his lot had been cast, that any objection to this beneficent safeguard can be held. He has sufficient breadth of mind to understand that some people may dislike compulsory vaccination because it is compulsory vaccination; but it is difficult to understand the attitude of those who know that their children ought to be vaccinated, and object to it because they must be. As for the benefits derivable from the practice of Jenner's remarkable discovery, Surgeon-Major Pringle seems inclined to deny that vaccination ever fails. Smallpox is occasionally contracted by those who have apparently been vaccinated, but the Surgeon-Major contends that they have, in these cases, merely been subjected to an operation resembling that which is so essential, the failure arising from the use of improper lymph. The testimony of an Indian medical officer is peculiarly valuable, because the most specious argument used by professional anti-vaccinators is that the decrease of smallpox is due to the general improvement of sanitary conditions. In Indian villages sanitary conditions have not improved. The natives live very much as they always did; but vaccination, properly performed, has effectually suppressed what in former days was a terrible scourge.

TESTS made by Dr. Fischer, the well-known German chemist show that in the ordinary domestic stoves in use not more than 20 per cent. of the fuel consumed is really utilized for warming the rooms; whereas, with stoves burning gas, 80 per cent. and more of the possible effect is obtained. In a certain sugar manufactory at Elsdorf, it is stated, no steam engines have been used for several years. Gas is made at a cost of about twenty cents per thousand feet, and is used for lighting and for driving gas engines. At the great Schultz Iron Works, at Essen, water gas is made at a cost of about eight to sixteen cents per thousand feet, and serves both for fires and lighting. For the latter purpose a ring is fixed over the burners, having rods or pencils of magnesium attached, these being made glowing hot by the non-luminous gas flame, and emitting an excellent light. The abandonment of burning coal direct for heating will do away with all the disadvantages of smoke.

AITKIN (*Brit. Med. Jour.*) calls attention to the great value and obvious therapeutic efficacy of fresh air in consumption. He noticed that the inhabitants of southern New Zealand were almost wholly exempt from phthisical troubles, though the majority were English immigrants, and cardiac and other serious affections were by no means infrequent. Inquiring into the causes of this singular immunity, Aitkin arrived at the conclusion that it was largely owing to the peculiar construction of their houses allowing of an unusually free ventilation and an abundance of daylight. The houses are invariably constructed of wood, and the overlapping boards that form the walls being very imperfectly joined, a most complete and constant ventilation is unintentionally provided for. The author, after pointing out the prevalence of consumption among cows kept in stuffy dairies, among horses kept in ill-ventilated stables, among monkeys herded together in cages, and, lastly, among human beings confined to dark and ill-ventilated dwellings, concludes by asserting that fresh air and sunlight are deserving of greater attention in the treatment of consumption than hypophosphites and cod liver oil.

DR. CHARLES PORTER HART claims to have found that patients suffering from chronic maladies whose seat was above the diaphragm were optimistic, and those who suffered from maladies seated below it were pessimistic. So lung patients were notoriously hopeful, and their certainty of recovery is actually one of the

worst features of such cases, the danger being in proportion to the hopefulness. Dr. Hart classified the percentage of mental feeling according to the disease. Thus bronchitis gave 95 per cent. of optimistic feeling, phthisis gave 97 of hopefulness, heart disease 80 per cent. and asthma also 80 per cent. On the contrary, men suffering with liver disease were troubled with 88 per cent. of pessimism, dyspeptics had 91 per cent. of misery, kidney sufferers 61 per cent. of unhappiness, and dysenterical patients 64 per cent. of gloom. Rheumatic patients were optimistic up to 79 per cent., but dropsical patients, though optimistical also, were only so to the degree of 63 per cent.

SOCIETIES.

AMERICAN PUBLIC HEALTH ASSOCIATION, BROOKLYN, 1889.

The seventh annual meeting of this association will be held in the hall of the Brooklyn Institute, Washington and Concord streets, October 22, 23, 24, 25. Addresses of welcome will be delivered by Hon. Alfred C. Chapin, Mayor, on behalf of the city, and by Alexander Hutchings, M. D., on behalf of the medical profession.

The following topics have been selected for consideration at the meeting:

1. The Causes and Prevention of Infant Mortality.
2. Railway Sanitation.
 - (a) Heating and ventilation of railway passenger coaches.
 - (b) Water-supply, water-closets, etc.
 - (c) Carrying passengers infected with communicable diseases.
3. Steamship Sanitation.
4. Methods of Scientific Cooking.
5. Yellow Fever.
 - (a) The unprotected avenues through which yellow fever is liable to be brought into the United States.
 - (b) The sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever.
 - (c) The course to be taken by local health authorities upon the outbreak of yellow fever.
6. The Prevention and Restriction of Tuberculosis in Man.
7. Methods of Prevention of Diphtheria, with results of such Methods.
8. How far should Health Authorities be permitted to apply known Preventive Measures for the Control of Diphtheria.
9. Compulsory Vaccination.
10. Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions.

Atropine and Hyoscyamine.—Some remarkable results have been obtained in regard to the interchangeability of atropine and hyoscyamine. It has been shown that in treating belladonna root for the purpose of extracting the alkaloid, it is possible to obtain either atropine or hyoscyamine, or a mixture of both alkaloids by varying the process. These results would seem to authorize the supposition that atropine does not exist as such in the belladonna plant, but is really hyoscyamine, which is converted into atropine in the course of manufacture. The discovery was made at the *Chemische Fabrik* at Atkien, and possesses considerable interest from many points of view.

BIBLIOGRAPHICAL.

INEBRIETY. ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By Norman Kerr, M. D., F. L. S., Fellow of the Medical Society of London; President Society for the Study of Inebriety; Chairman British Medical Association Inebriates' Legislation Committee; Consulting Physician Dalrymple Home for the Treatment of Inebriety; Corr. Mem. Medico-Legal Society of New York; Corr. Sec. American Association for the Cure of Inebriates. Second Edition. London: H. K. Lewis, 1889, pp. 471, 8vo.

This is the most elaborate and systematic work upon this subject, with which we are familiar, and it is yet concisely written, and withal practical. There is no discussion of the temperance question, the subject being viewed strictly from the standpoint of the scientist, upon the ground that inebriety is a disease calling for medical, mental and moral treatment. The present edition is issued with many revisions and additions.

CORRESPONDENCE.

A SEASON WITH MR. TAIT.

BIRMINGHAM, England, August, 1889.

My Dear Editors.—I have not forgotten the promise made you before I left New York, for three months with Mr. Tait, to write you something about the great surgeon who lives here, and the work that he is doing; but my time has been so much occupied with his operations in Birmingham, and all over the country where he is constantly being called to operate, that the opportunity to fulfill my obligation has not seemed to appear. And even now when there is a slight lull in work, I feel that I can give only a feeble picture of what Mr. Tait is doing, and of the new school of surgery that he is laying the foundations of.

No one more than Mr. Tait feels the incompleteness of his work, or the necessity for future elaboration. He has laid down the principles of his art, which he believes to be true ones, and he looks to the coming generation,—though he himself is not much over forty years of age,—to carry on and perfect his work, and profit by his study and experience. I say study, but I do not regard Mr. Tait a student as generally understood. He is a genius, and reaches his conclusions by paths and processes known only to that rare variety of man. He is the most indefatigable worker I have ever known—I have assisted him in a single day in seven laparotomies—and as earnest a player. He never works on Sunday, but leaves Birmingham on Saturday, either for his beautiful country seat in the New Forest, Hampshire, or for a sail on the Avon or Severn in his steam launch. On these occasions, surrounded with a few chosen friends, he is not the world known surgeon, whom people in the most remote towns and hamlets in England call by name, but the genial host and charming companion. He seems to be familiar with almost every bit of architecture in Great Britain, and delights in nothing more when away from work, than to wander among the grand old Norman piles that still remain here, and in telling their history, and in calling attention to their points of interest. I shall not sooner forget the many delightful days I have so passed with Mr. Tait and Mrs. Tait—who in her true womanly qualities forms a worthy companion of her husband—as their guest, than I shall cease to remember that other side of his character with which the world is more familiar, the great abdominal surgeon of to day. It is this aspect of Mr. Tait which, of course, is the absorbing one of the public, but I could not forbear touching

upon the other, as indicating something of the "quality of the man."

The work Mr. Tait is doing for surgery in general, and for gynaecology in particular, is probably quite familiar to you, but to thoroughly understand this, and to master the principles upon which he works, requires even more time than I have been able to spend with him. At certain periods in the world's history we require reformatory; I look upon Mr. Tait as a reformer in surgery; as a surgical John Knox. He began by questioning the old order of things, the questioning led to discarding many as useless; and upon this he has built his perfectly simple system of abdominal surgery and gynaecology. In the first place he treats the abdomen as he would any other part of the body, and subjects it to the same surgical principles. If there is something within the cavity that does not belong there, he opens the abdomen, and brings all his skill to his aid in endeavoring to remove this foreign body. If the operation can not be completed, the abdomen is closed, and the patient none the worse for the small incision made. Then he has discarded much of the machinery that generally surrounds abdominal surgery. His instruments are of the simplest design, and very few in number, and all these he cares for himself, being quite particular that no one else shall handle them. A single small scalpel, one dozen ordinary catch forceps, two trocars, one small the other large, simply bent tubes with blunt points, three or four curved handle needles wound with silk, temporary clamps, and wire clamps, a few bayonet needles threaded with silk, is a sufficient armamentarium for him to perform the most difficult and complicated abdominal operation, and I have frequently assisted him with a much smaller one. As is well-known, no antiseptics are used. I must, however, in this respect hold that Mr. Tait is inclined to be a little too much of an iconoclast. Not that I believe in, or use, all the paraphernalia of the antiseptic school, but I look upon the principle as a true one, for we can not always make our wounds aseptic, and we are, therefore, obliged to make use of antiseptic means towards that end.

Like every thing that he does, Mr. Tait has his own method of opening the abdomen and of sewing it up. Both are calculated to save time, and they certainly accomplish his object.

Three of his most remarkable operations, and the ones that have done much to make his name famous, are those for ruptured tubal pregnancy, one of which I have been fortunate enough to assist him in a most interesting case, when he saved the woman's life by an accurate diagnosis, and truly a brilliant operation,—his operation for removing the damaged uterine appendages,—pyosalpinx and hydrosalpinx,—and his operation for restoring the ruptured perineum. All these are well-known, and have been freely commented upon. The more I see of his operation for the removal of damaged appendages, and the results of the operation, the more convinced am I, if such conviction were necessary, that it is not only a perfectly justifiable operation, but one that it becomes the duty of the surgeon to perform, when the indications are such as Mr. Tait has laid down. It is very difficult to understand the opposition that still exists in some quarters to this procedure. Either the surgeons fail to recognize the condition, or they do not appreciate the consequences of non-interference. But the old objections are surely passing away, and I am pleased to say, that in America, the usefulness of the operation, and the great services which Mr. Tait has rendered surgery, have been acknowledged earlier than in this country. A few days ago we had a most instructive case of damaged appendages. The lady walked into Mr. Tait's consulting room with the quite characteristic posture of pyosalpinx. Her history was also characteristic, and an examination showed one clearly defined appendage lying down behind the uterus. This lady had been sterile for years, since the birth of her only child, and her sufferings were so great as to

preclude the possibility of any marital relations. Mr. Tait removed both appendages. Both tubes were found to be entirely occluded, and very much enlarged, and one full of foul, stinking pus. Had this one ruptured into the abdominal cavity, and its walls were very thin, fatal peritonitis would have resulted. This case is the type of many in my own practice, and of a still larger number that I have seen in the practice of Mr. Tait.

Much has been written about Mr. Tait's operation for repairing the ruptured perineum, but the procedure is a very difficult one to describe. One must see Mr. Tait perform it to thoroughly master the details. I believe it to be the most perfect operation in principle, as well as in results, that has yet been performed to remedy this accident of parturition.

Mr. Tait proceeds upon the theory, that no tissue should be removed, but that the recto-vaginal septum should be split, together with the lateral lines of the original rupture. In other words, he seeks to reproduce the primary accident, and then sews it up from side to side by means of a large curved handle needle. In his sutures, he does not include the cutaneous surface. When the parts are drawn together, a firm, thick perineum results, and this remains more permanent than from any other operation with which I am familiar. I have frequently seen Mr. Tait do the operation in less than five minutes.

And now, Messrs. Editors, I have much exceeded the limits of a letter, and still have not touched upon many of Mr. Tait's most important teachings and practices. My regret is that I am obliged to return early in October, for I feel that a much longer period of study and work here, is necessary to fully appreciate what this truly remarkable man is doing for surgery. With warm regards, believe me very truly yours,

H. I. OSTROM.

OBITUARY.

DR. EDWARD BAYARD.

DR. EDWARD BAYARD, who for nearly fifty years had been a physician of this city, died on Sept. 28th, at North Yarmouth, Me., from pneumonia, in his 84th year. He was born in 1806, at Wilmington, Del., and was the son of James A. Bayard, one of the United States Commissioners that negotiated the treaty of Ghent. His brothers were the ex-United States Senators Richard and James Bayard, while he was uncle to ex-Secretary of State Thomas F. Bayard.

About sixty years ago Dr. Bayard was graduated at Union College, Schenectady, N. Y., and studied law under Judge Daniel Cady, whose oldest daughter he married. Subsequently he practiced law in Seneca Falls, Seneca County, N. Y., where he remained for nearly eighteen years, until his defence of a homeopathic physician, who had been indicted under an old statute at the instigation of the faculty, led him to take up the study of that branch of medical science. He became a zealous believer in Hahnemann's system, and, having passed his examination at the New York College of Medicine he, in 1842, began practice, and continued in practice until June of this year, when failing health compelled him to retire.

Dr. Bayard was a most courtly gentleman, a conscientious man and commanded the respect of all who knew him, whether they agreed with his extreme views or not.

So passes away one more of the Hahnemannian purists, the remainder is very small and not being added to, to any great extent.

DR. MARTIN FRELIGH, of this city, died in Kingston, N. Y., Aug. 31st, 1889, æt. 76. He was a man of great force, and much beloved by those who knew him.

TRANSLATIONS, GLEANINGS, ETC.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Cannabis Indica.—The editor of the *Medical Register*, (Sept. 29, 1888), thus records his personal experience with this remedy: "In the treatment of the cough of phthisis, either alone, in tablets of one-twentieth of a grain, or in combination with chloroform, it has proven an acceptable and valuable medicine. Dysmenorrhœa, marked by painful menstruation, is favorably influenced by small and frequently-repeated doses of cannabis. Such cases occur in young girls and in married women even without displacement, and every month the suffering increases, until they are finally compelled to consult a physician. To relieve the pain and make the patient comfortable a few drops of cannabis will be quite sufficient. Five drops of the fluid extract having been placed in a dry glass or teacup, pour upon them four or five ounces of cold water, and direct the patient to take of this solution a teaspoonful every ten minutes for the first hour, then at intervals of an hour during the remainder of the day or evening. Perhaps, at the expiration of the first hour, the pain will have been materially assuaged, and in the course of a few hours the patient will be as well as ever. These attacks frequently appear just at the beginning of the menstrual molimen, and when the patient is put under the influence of cannabis the congestion causing the pain subsides and the flow begins. Within the past three years, at least fifty such cases have come under observation, and a failure has been the exception. Chloroform (ten or twelve drops on sugar, repeated in an hour) also answers the purpose quite as well, and may be used when convenient.

"Supraorbital neuralgia has also been treated by this drug with very flattering results in the majority of instances. Prepare the remedy as in the cases just stated, the same amount, the same dose, and the same period for administration, and the physician need not be surprised if the pain subsides in the course of half an hour. The same method of treatment has been found available in the case of flatulence accompanied by pain; and where the tongue is foul and coated, a plan suggests itself of combining with the cannabis a few drops of nux vomica tincture. Sometimes the first dose is sufficient to make the patient quite comfortable."

Santonine in Amenorrhœa.—Dr. Whitehead gives santonine in amenorrhœa with almost unvarying success. He gives five grains two or three nights in succession.

Erigeron Canadensis in Cholera Infantum.—According to the *Medical Brief*, an infusion of *erigeron canadensis* (fleabane) discounts anything in kindly and effectively, arresting the profuse watery discharges which sometimes attend this disease. The child may be permitted to drink it freely.

Thuja Occidentalis.—Thuja, commonly known as arbor vitae and white cedar (writes Dr. T. G. Comstock, in the *Med. Era*), has been used for syphilis or condylomatous fig-warts. These sycotic excrescences have not been well defined. They appear after gonorrhœa, and are not to be regarded as syphilitic; they occasionally grow to a large size, and I have seen them in two instances like a large sponge, completely enveloping the penis. In the form of true condylomata, they are found particularly about the anus, and when located here they are undoubtedly sequelæ of syphilis. Syphilis, or fig-warts, as they appear upon the penis or vulva, usually disappear after applications of fluid extract of thuja; but if they are multiple and disseminated, they should first be excised and then thuja should be applied. Occasionally, these fig-warts are very refractory and liable to recur.

The recent provings of thuja confirm Hahnemann's statement that it acts particularly upon the skin, genito-urinary organs and anus. Internally, it is useful for blenorhoea and refractory gonorrhoea. Locally, it is excellent in phagedena of the penis, the result of hard chancre. The phagedena should be dusted twice daily with aquila alba, and then dressed with thuja. When the phagedena is intensely painful, as is frequently the case, the pain should be allayed by applying cocaine. In senile gangrene affecting the big toe of old persons, thuja is the best application that I know of to allay the horrible smell usually attending it, and it undoubtedly possesses specific properties in staying this deadly disease. In epithelioma it is worthy of trial, and I have already used it in three very suspicious cases with satisfactory results. In uterine cancer it seems to allay the fetor, and certainly has a sanitary influence while perhaps holding the disease in check. In pruritus ani I have found it better than any other remedy that I have ever tried. In making such a positive statement it may be well to add, that I have heretofore used and recommended for this purpose hydro-naphthol, which is reliable as an anti-pruritic in most cases, but it occasionally fails; when this is the case I resort to thuja, and it seems to act better than hydro-naphthol. When thuja is applied to a bad case of pruritis ani, at first it greatly aggravates the itching, and this aggravation lasts from five minutes to half an hour, when the greatest relief will follow. To effect a cure in refractory cases of this distressing trouble, it is my custom to employ the galvanic current (the cathode being applied to the anus), once daily, and then apply a dressing of borated cotton saturated with thuja. Some eight to ten cells of McIntosh's battery may be used. In pruritus vulvae, the same treatment may be employed with good effect, alternating applications of thuja with hydro-naphthol.

In carbuncle, thuja will be found useful when applied locally and is better than carbolic acid for this purpose. In rheumatic affections after gonorrhoea, in some cases, it seems to be specific when given internally. In the very worst forms of ozena, it allays the foul odor, and it is recommended as a gargle for bad breath. In malignant diphtheria, from what we know of it in other affections, I should be disposed (theoretically) to apply it locally, that is to say, if peroxide of hydrogen had failed to relieve and allay the fetor accompanying this dreaded disease.

Sulphide of Calcium for Leucorrhoea.—The sulphide of calcium is recommended by Dr. Wilson of Paris as a powerful remedy for arresting leucorrhoea, not dependent upon ulceration of the cervix. He uses a dose of from one to three grains night and morning.

Adonis Aestivalis in Cardiac Affections.—F. Borgiotti (*Deutsche Med. Zeit.*) has tested the therapeutic properties of adonis aestivalis in a large number of heart affections (stenosis, mitral insufficiency, etc.), basing his conclusions on careful examination of the pulse, respiration, temperature, volume and character of the urine, amount of urea and albumen eliminated, etc. He finds that the drug is a valuable remedy in various heart affections, employed in doses of one drachm to nearly one ounce every twenty hours, given in form of an infusion. It may be given continuously for two weeks, provided there is no suppression of the functions of the kidneys. In fatty degeneration of the heart adonis acts as a diuretic and regulates the circulation, and will prove efficacious in many cases where digitalis has failed or where its use is contra-indicated.

Ichthyol.—Speaking of the therapeutic work of ichthyol, the Berlin correspondent of the *Medical and Surgical Reporter* remarks that it is really much easier to name the affections in which ichthyol is useless than those in which it proves beneficial. Prof. Nussbaum, of Munich, who is regarded as a skeptic in therapeutics, says: "It is the misfortune of the young remedy to be so useful in so many and so diverse ailments." I will not speak of the value of

ichthyol in skin diseases, but refer those interested in this matter to Unna's "Fortschritte in der Behandlung von Hautkrankheiten." Internally, ichthyol is in Germany regarded as a reliable remedy in all forms of rheumatism and gout. Locally, it acts as a hemostatic, astringent, interstitial absorbent, and general alterative. Ichthyol is a blessing in painful acute swellings, following injury, especially in joints. Rubbed into the part (in conjunction with lanolin) twice or three times, it never fails to bring about immediate relief. The same is true of articular rheumatic swellings, though in these cases the alcoholic-etheral solution is preferable. In burns ichthyol is, in the opinion of many German surgeons, superior to iodoform, over which it has besides the great advantage of being absolutely harmless. A very singular action of ichthyol is its power to convert fatty tissues into purulent ones. A lipoma treated for a week or two with daily applications of the alcoholic-etheral solution of ichthyol will be transformed ultimately into an ordinary abscess which opens spontaneously or on the slightest surgical interference. Given internally, the drug, possibly owing to its richness in sulphur, acts as a powerful alterative. True, ichthyol has an unpleasant odor and taste, but, as in the case of cod-liver oil, persons in time not only overcome their dislike of the drug, but become even fond of it. Besides, given in pills (possibly keratin-coated), or capsules, the drug is easy enough to take. The recent publications of Drs. Von Hoffman and Lange, of Baden-Baden, in the *Therapeutische Monatshefte*, May, 1889, show that ichthyol is a superior remedy in gastric catarrh marked by eructations, flatulence and tympanites. The powerful alterative action of ichthyol asserts itself especially in the numerous scrofulous disorders of country-children, caused by over-feeding with canned victuals, unripe fruit, and similar indigestible stuff. The child receiving as many drops of the alcoholic-etheral solution as it is years old, will soon lose its lymphatic swellings, eczematous eruptions and other scrofulous symptoms.

Chloroform Water for Washing Out the Stomach.—Bianchi (*Corresp.-Blatt D. Schweiz Aerzte*) recommends a two per cent. watery solution of chloroform for washing out the stomach. It relieves pain. Is an effectual anti-fermentative, and moderates reflex action of the organ. It is indicated in ammoniacal fermentation, dilatation of the stomach, obstinate vomiting, cardialgia, etc.

Bee-Stings in Rheumatism.—M. Tere indicates in the *Wiener Med. Presse*, a singular cause of immunity from rheumatism. It consists in saturating the system with bee-stings. M. Tere had remarked that in rheumatism, the swelling which usually results from bee-stings was not produced at the first onset and that at length it was not produced at all. At this time the rheumatism would be cured.

M. Tere has applied this cure to 173 cases, which have necessitated 39,000 stings. He is said to have attained some success in acute cases, but more in desperate chronic cases.

Calcium Sulphide in the Treatment of Elephantiasis.—Dr. Thomasz, of Ceylon (*Ceylon Med. Journal*), believes he has discovered that elephantiasis due to the *filaria hominis* is curable, in its earlier stages, by sulphide of calcium. He prescribes for an adult a one-grain pill of the drug morning and evening, after meals, continued for a month, and then increased to a grain and a half, and, when tolerance is established, to two grains, twice daily, until a cure is effected. No unusual symptoms have followed the administration of these large doses. Inunctions and bandaging, in cases where these are practicable, are also practiced.

Thomasz has treated seventeen cases this way. Seven, under six months standing, were completely cured in one and a half to two months. Cases of longer standing were improved, but that was all that could be expected. These

seventeen cases were seen in public practice. Twelve more cases seen in private practice from the day of the initial fever all recovered. In one or two cases relapses took place, which were promptly quelled by a brief course of the sulphide of calcium.

Antipyrine in the Treatment of Laryngismus Stridulus.—Mr. Montague Perceval reports in the *Lancet*, November 17, 1888, the results of the use of antipyrine in twenty-four cases of laryngismus stridulus. Two-grain doses were given every hour, and relief followed in every case but one, where the dose had to be raised to five grains. Dr. W. M. Decker (*N. A. Jour. of Hom.*) has used the same remedy successfully in a case of the same disease, but calls attention to the difference in the doses employed by himself and Perceval respectively. The latter administered two grains of antipyrine every hour in all of his cases except one, which received five grains every hour. "My case," writes Dr. Decker, "which was probably as severe as any that Perceval treated, was promptly relieved with attenuated doses. I medicated a two-drachm vial of sugar-tablets with a dilution of antipyrine equal to 3-64 of a grain to a drop, and the tablets received six or eight drops. She took one tablet every fifteen minutes, so that, had she taken all of them, she would only have received 24-64 (3-8) of a grain. But she was relieved before taking that amount. It seems, therefore, that antipyrine cures laryngismus stridulus either in attenuated or unattenuated doses. Which dose acts the more promptly I am unable to state."

Salicylic Acid in Ringworm.—According to the *Chicago Med. Times*, a saturated solution of salicylic acid in colodion is a cure for ringworm. The solution is painted on to the affected portion of skin once a day, and generally one application is sufficient. It causes some pain, but only for a short time.

Atropia in the Treatment of Enuresis Nocturna.—Dr. Simon Baruch writes in *Archives of Pediatrics*, April, 1889: Since we have learned to treat enuresis nocturna with the definite idea of bringing the system under its influence at the time of expected need,—viz., before retiring to bed,—the treatment of this *opprobrium medicince* has become far more satisfactory. And this result is in accordance with the ascertained facts regarding the influence of atropia upon the motor nerves. * * *

It is unnecessary to administer atropia during the day because the paralyzing effect upon the bladder is required only at night in cases of enuresis nocturna. It is my practice, therefore, to order a sufficient quantity of atropia in the afternoon at four, and at bedtime, seven o'clock, to insure a dilatation of the pupil. One sixty-fourth of a grain for children from six to ten, and double the quantity for children up to fourteen, usually suffices. If the pupils are widely dilated when the next dose is due it is omitted. Thus poisonous effects have been prevented, and the children were able to continue in their usual routine life. The essential principle of this treatment must be clearly impressed upon the parent or attendant,—viz., the pupil must be dilated during the sleeping hours, as an indication that the system is under the influence of atropia.

I regret that I can not give you the statistical notes of my cases in private practice, but that I have obtained the best results from this treatment I may assure you. I have recently introduced the systematic administration of atropia in the New York Juvenile Asylum, and while my investigations are not yet completed, I desire to offer you the results of the treatment up to the present time. Sixty boys received from one sixty-fourth to one thirty-second grain of atropia daily, dilatation of the pupil being secured in every instance but two. Although these boys had been occupants of the wet-bed ward for periods ranging from three months to as many years, the result was that after treatment was commenced, five wet the bed only once more, seven twice, five three times, four four times, one

six times, one seven times, one eight times and two nine times. Of this number sixteen wet the bed on the last day of the report. The remainder of the entire number, viz., twenty-nine, ceased wetting the bed after taking the first dose of atropine, and have continued free from the infirmity while under treatment. It is my intention to continue the investigations and to report the results at some future time.

Cuphea Viscosissima.—Dr. A. A. Roth, of Frederick, Maryland, writes in the *Hom. Recorder*, that he has been very successful in the treatment of cholera infantum with the tincture of red pennyroyal, prepared as directed in the *American Homœopathic Pharmacopeia* under article "Hedeoma." Of this he gave five to ten drops, according to age, every hour until relieved, and then as often as needed, and found it to act promptly and effectively. Cuphea, he says, does not act with equal promptness in all forms of cholera infantum. Two classes of cases stand out prominently; and first those arising from acidity of milk or food; vomiting of undigested food or curdled milk, with frequent green, watery, acid stools, varying in number from five to thirty per day; child fretful and feverish; can retain nothing on the stomach; food seems to pass right through. A second class is composed of cases in which the stools are decidedly dysenteric, small, frequent, bloody, with tenesmus and great pain; high fever, restlessness and sleeplessness. In these two classes cuphea acts promptly and generally permanently. It contains a large percentage of tannic acid and seems to possess decidedly tonic properties, as children rally rapidly under its use. It utterly failed the writer in ordinary forms of diarrhoea, especially in diarrhoeas from colds, etc.; but in the classes above mentioned it frequently produced obstinate constipation after several days use.

Incipient Baldness.—In commencing alopecia, Vigier advises the use of the following formula, in which the proportions are given by weight:

B Alcohol (80°).....	20 drachms.
Camphorated alcohol.....	4 scruples.
Rum.....	4 scruples.
Tinct. cantharides.....	4 scruples.
Glycerine.....	4 scruples.
Ess. santal.....	5 drops.
Ess. wintergreen.....	5 drops.
Ess. laurel roses.....	5 drops.
Pilocarpine mur.....	8 grains.

M. Sig.—This mixture is gently rubbed on the scalp once a day.

Iodol.—Prof. Dante Cervasato, of Padua, has communicated to *Lo Sperimentale*, September, 1888, his experiences with the use of iodol in internal diseases. It was first tried in scrofulosis, in all forms of which it acted well. It was most active in the torpid form, especially in torpid, swollen lymph glands which had not yet suppurred—and not only in the peripheral glands but also in the bronchial and mesenteric. It was less favorable in its action upon scrophulosis of the mucous membranes, especially of the nose and ears. It has very little influence upon scrofulous dermatoses. It was employed internally in doses of seven and a half, fifteen and twenty-two and a half grains, in older children, and the treatment could be kept up without harm for two or three months uninterruptedly. Iodoform ointment (one part to fifteen of vaseline) and insufflations of iodoform were useful adjuncts. The iodol was well borne; not only did no digestive disturbances occur, but the digestion even improved. In diseases of the respiratory organs iodol was given in doses of fifteen to forty-five grains a day, in addition to inhalations with the following solution: one part of iodol is dissolved in five parts of warm absolute alcohol; to the filtered solution ten parts of glycerine (at 60°-70°) are added. Before the solution cools, ten parts of water are added with constant stirring.

The iodol remains proportionately suspended for a long time. Four drachms of the emulsion are used for each inhalation, which is given two or three times a day. He has observed marked improvement in primary tuberculosis of the larynx. In acute and chronic catarrhal laryngitis, and in different forms of bronchitis, the results were brilliant. In tertiary syphilis it was employed with very favorable results. Two patients with extensive ulcers on the palate and pharynx recovered after the internal and local use of iodol for two months. Internally iodol was given in doses of fifteen to forty-five grains; the following solution was used locally:

Iodol	Gr. xv.
Alcohol	F 3 iv.
Glycerine	F 3 viii.

M.

In a case of tertiary syphilis with lesions of the liver and of the larynx, the internal use of iodol achieved wonders. No iodism or any other disagreeable accompanying symptoms whatsoever occurred in any of the cases.

Naphthaline in Whooping-Cough.—Dr. Belle L. Reynolds writes, that about three years ago she began the internal use of naphthaline in the third decimal trituration for whooping-cough, and the results have been so uniformly satisfactory that she now gives it, either singly or in alternation with some other remedy, in every case.

Iodized Glycerine.—Dr. G. Hammond, *London Med. Recorder*, points out that a mixture of tincture of iodine and glycerine produces a greater effect on the skin than the pure tincture, possibly because the glycerine tends to prevent the evaporation of the iodine, and thus enables the whole of its powers to be utilized.

Hygiene versus Surgery in Gynecology.*—In almost every department of medicine vigorous search is being made for the cause of disease with a view to its extermination; or, if that is not possible, with a view to a more certain method of treatment. The search in every direction for germs and germicides is to prevent disease, not simply to repair damages.

But there is one large department of medicine where the causes of disease seem not to claim much attention, but wonderful talent and ingenuity are expended in devising ways and means of repair. This department is gynecology.

One can read book after book, journal after journal, and the papers of all the brilliant specialists at the annual gatherings, and see almost no word of cause and prevention. One does not have to go to Africa or the isles of the sea to find the direct cause of some, and the predisposing cause of many of the diseases in this department. This cause is so near that it is overlooked. It is also an insuperable obstacle to successful treatment, prolonging cases, preventing permanent relief, and producing surgical cases that would otherwise never exist.

The cause is the weight of clothing on the hips.

It is sometimes easier to credit a new discovery than to believe that an old custom is not right. But, nevertheless, instead of the many pounds resting on this part of the body, not one ounce can rest there with impunity. Reference is here made only to the ordinary dress, when not hygienically changed, and not at all to tight lacing.

The reasons why there should be no weight on the hips, nor pressure on any part of the body from the seventh rib down, anatomy and physiology make very plain. The pliable walls of this part of the body are made up chiefly of muscles. Now the effect of pressure on muscle is well-known. Pressure alone on muscle causes it to dwindle in size; and as its action is interfered with at the same time, it becomes still smaller from disuse. This result is seen in the muscles of a limb that has been bandaged a length of

time on account of fracture. The large muscles that envelop this part of the body are always in just this state, for the pressure on them is greater than that of the bandages on the fractured limb.

To get some idea of the loss to the body from this feeble state, one has only to recall what muscles these are and their functions. A good condition of the abdominal muscles is indispensable to perfect health. On the posterior surface are muscles intended to be large and powerful. First the *latissimus dorsi*, one of the largest in the body, and attached at its upper extremity to the humerus. The fleshy part of this muscle is subjected to the pressure of the closely-fitting waist, so arm power is lost.

The chief muscle of importance in this connection, however, is the *erector spinæ* with its prolongations. The main part of this, a large, fleshy mass, fills in the space between the last rib and the crest of the ilium, just the place where the stricture of the clothing is greatest. This muscle is to maintain the spine in its normal position, and also serves to bend the body backwards. The normal position of the spine is erect, with a graceful curve inward in the lower dorsal region. This muscle is so weakened that in a vast number of women the spine curves just the other way; there is a most ungraceful curve outward. One is now so accustomed to this form that it is almost regarded as natural. This change of curve from concave to convex changes the relative position of organs within. Naturally the pelvis is at such an angle with the spinal column that the organs within it sustain very little weight from those above. In the altered position, all the viscera are in a direct line, and the lowest ones suffer from this increased weight. The weakening of this muscle alone will also explain many a backache.

As to pressure on organs within, one might suppose that a part of the body left entirely free by nature it would not be safe to compress in any way. From the seventh rib to the ilium is the part thus left free. There is no bone but the vertebral column behind and the last five ribs, which are compressible, two being floating, and the other three easily movable by reason of their special cartilaginous attachment.

One sees easily that there should be no pressure on the heart and lungs, but forgets why there should be none on the digestive organs. The two vital reasons, of course, are the following:

These organs vary in size according to the amount of food and the state of digestion.

The second is their constant slow movement.

This vermicular motion is checked by a very little pressure. Pressure here is the cause of many obscure forms of dyspepsia. For instance, a patient complained of emesis after meals. She was a strong, healthy girl, and no cause could be detected. Various aids to digestion were prescribed with no result. I then induced her to lessen considerably, but not entirely, the pressure over the digestive organs, and the trouble vanished. Now, if all bad effects were as evident and as disagreeable, a reform would be speedy.

One sometime says, yes, that all applies to tight lacing, but the weight referred to rests on the hips. Well, what are the hips? The only bony part is the crest of the ilium at the outer edge, and how wide is it? The rest is simply soft parts, made up of the muscles referred to and internal organs beneath. And the shelf on which the weight hangs is greater or less according to the degree in which these parts are pushed inwards out of their natural curve. And the broader the hips, the wider the soft shelf and the greater the damage. Think of hanging weights on soft parts, and keeping muscles always on the stretch. As the human body is not yet understood, as its recesses are so deep that chemistry and the microscope have not yet penetrated them, is it not strange to interfere with the body regardless of consequences?

* Abstract of a paper by Julia W. Carpenter, M. D.; *Am. Jour. of Obs.* May, 1889.

The muscles that envelop the body are not the only muscular tissue that suffers. Lacerations of the cervix would not be the order of the day if muscle had its normal tonicity.

This superincumbent weight not only injures the texture, but changes more or less the position of everything beneath it. Gynecologists agree that antelexion rarely comes suddenly; that it is a progressive disorder. Many others are likewise.

I have been told by several authorities that at the beginning of our civil war there were companies of zouaves that wore some part of the accoutrements attached to a belt around the waist. But so quickly was it disastrous, and so numerous were the men that were disabled with hernia, that they were obliged to discard the belt and suspend this same weight from straps over the shoulders, when there was no further trouble.

Now, it would have been just as sensible to go on devising all kinds of operations for hernia, instead of preventing it, as it is to work on in gynecology without removing this same weight. As long as there are weights above to press everything downwards, so long will there be a necessity for devising operations to shorten ligaments, suture a displaced organ to the abdominal wall, and remove entire organs, otherwise healthy, for pain only. Instead of operating on organs pressed upon, remove the pressure first; then if recourse to an operation is still necessary, there will be some foundation for permanent success.

If internal supports are used with this weight above, something must suffer, for some of the tissues are then, so to speak, between the upper and the nether millstones.

All this is no theory, but solid fact. Experience corroborates it. Removing this weight is a hidden secret of success, and the reason why I have succeeded a number of times where my predecessors have failed. One marked instance is as follows: It is of interest, as the individual and the case were both well-known. A young lady was doomed to the operation for the removal of the ovaries for extreme pain. This was the sentence of a surgeon who had performed this operation many times, with success it was thought. She had been under his care for a number of years, and, failing to give relief, he pronounced this verdict. When, several years ago, she first put herself under my care, after a thorough investigation I told her if she would co-operate and re-arrange her clothing hygienically, she would probably be relieved. To this she gladly consented. The result of this, with treatment, was that in one month there was wonderful improvement, and in a few months she was absolutely well. The treatment was very simple, perhaps just what she had received before. The secret was, I simply removed the cause of the whole trouble by removing the superincumbent weight, and the other treatment overcame the injurious effects; and thus one physician accomplished in a few months what another had failed to do in a number of years and would have removed a part of her body as a last resort. There was no change made in the external appearance, except that a very sunny face took the place of a sombre one.

If there is a tight cord around one's neck, one grows red in the face; and to remove the congestion, how useful are salves and lotions, fresh air and trips abroad! Many operations are disappointing. The number of operations performed is wonderful. One physician alone, at Battle Creek, Michigan, reports sixty-nine cases of shortening the round ligaments in two years. And though nearly all were regarded as successful, he says in his report: "Alexander's operation is not to be considered as a radical cure, but only as a most efficient aid to other means. It restores the organ to its normal position and gives it, so to speak, a new chance to stay there, if it can."

One may say, what can be done? Well, the facts remain just the same whether anything is done or not, but

much can be done. It is not necessary to change the external appearance at all. Physicians must first see the necessity themselves. Then if they would teach this truth everywhere as they have opportunity, and above all impress on each patient the fact that instead of the many pounds not one ounce should rest on this part of the body, pounds and pounds would be laid aside. Women would devise their own ways and means.

It will not do simply to suspend the present weight from the shoulders. It is not, as it was with the Zouave company, in a small bulk, so as to be lifted easily, but is so voluminous and clinging that it presses in spite of suspension. So much weight must not be there to suspend.

Teach every patient that all organs are pressed downward out of place, the circulation is interfered with and a venous stasis results, and that a continued congestion can be the starting point for disease.

Tell them that investigation points toward venous hyperemia as the condition for abnormal growths. A prospect of tumors would have some influence.

'Tis true, in teaching hygiene in this department an obstacle is met with in the fact that most women do not see that their dress is an unhealthy one as long as they are not the victims of disease. But health is not simply the absence of disease. They say, "I am not conscious of any weight." That is simply because in all these muscles the muscular sense is lost.

Let these same patients dress hygienically for a few months, recover their muscular sense, and then go back to the old weights, and they can hardly see how it was ever endured.

If that part of the body was absolutely free, there would be a vast army of women in a normal condition, instead of the weary, invalid corps that is adding to its ranks so fast that gynecologists, multiplying as they are everywhere, will not be too numerous, and all the ingenuity spent in devising new operations will not be able to stem the tide.

Surgical cases, unavoidable, will always exist; but the great requisite in this department is hygiene—that is, acting in accordance with the known laws of the body in order to preserve health and prevent disease.

Lack of Trained Teachers.—From a group of illustrated articles in *The Century* for October on educational topics we quote the following: "The absence of any proper and adequate professional training in the past—of over three hundred and twenty-five thousand teachers in the United States, but a small proportion are graduates even of normal schools—has made itself felt not only in the schools of the United States, but in those of Europe as well. The work of the schools, speaking broadly, has been poorly done and the mass of the school population has not even been properly instructed, much less educated. It is not meant by this that the common school, the world over, has accomplished nothing; for the history of Scotland since Knox, of the United States under the Constitution, of Prussia since Jena, and of France under the Republic, tells a far different story. But popular education has not accomplished all the results hoped for, simply because popular education does not as yet exist. The framework, constitutional and administrative, is generally provided, but the proper supply of the necessary agents, thoroughly trained and equipped teachers, is not yet forthcoming. Reasons may doubtless be given why this is so. The teacher's salary is small and his tenure of office is insecure. These obstacles are not easily removed. In the United States the absence of any national system of education makes their removal a matter of extreme difficulty and one involving great loss of time. Public opinion—which, as our latest and kindest critic, Mr. Bryce, says, is not made, but grows in America—must stimulate State, muni-

cial, and district authorities in turn before any appreciable results can be secured. The process is a laborious and uncertain one, for the name of these authorities is legion. Because these obstacles are not removed, the profession of teaching involves a sacrifice which the lawyer, the physician, or a man of business is not called upon to make.

"Another consideration, and a very important one, deserves notice. The fact that the universities have very generally neglected to provide instruction in the science of education has had a powerful influence in retarding the progress of the teaching profession. In view of the relation which in any sound system the universities should bear to the schools and to the state at large, this neglect is nothing less than culpable, and the efforts now making to repair it come too late to prevent serious loss to the cause of popular education. At least nine German universities, two Scotch universities, and six of our own institutions of first rank have recognized the claim of the science of education to a place in their calendars. It is only a question of time when the English universities and the older and more conservative of our American colleges will follow their example."

Brain and Civilization.—Professor Meynert, of Vienna, addressed the third general session of the Congress of Naturalists at Cologne. Taking for his subject the relation of the brain to civilization. The actual human social standpoint was, he said, the affirmation of the secondary "ich" in the struggle for existence as opposed to the primary "ich," the growth of the egoism that was allied to parasitism, without regard to the general weal. The aims of civilization must be the amelioration of the struggle for existence (*Kampf um Dasein*). Christianity made the attainment of the highest aims of civilization its object. Anatomically the higher civilization of man was expressed in the preponderance of the cerebral convolutions as representing the secondary ich over the central ganglia, the seat of the primary ich. In the child when the primary grey matter of the brain preponderated over the secondary, the phenomena of parasitism were observable; congenital "moral insanity" was to be looked upon as an arrest of development, curable moral insanity as a functional disturbance of the cerebral cortex, which announced itself here also as the seat of civilization.

Uric Acid and Mental Depression.—Haig (*Practitioner*) believes he has established that there is a relation between retention of uric acid in the blood and a state of mental despondency. When uric acid is present in excess, depression of mind and irritability of temper are marked, but give place to a feeling of mental buoyancy when the excess is gotten rid of. Many suffer from mental lassitude and depression in the morning between breakfast and lunch. It is at this time that the acidity of the urine is least, and the excretion of uric acid is normally at its greatest. Alkalies will produce artificially this condition of things by washing an excess of uric acid into the blood. By administering mineral acids in sufficient quantity to neutralize the excessive alkalinity of the blood, the mind clears and a feeling of well-being replaces despondency and heaviness. A strongly alkaline state of blood permits solution of uric acid in excess, which, in its turn, brings about mental depression. Coincident with increased alkalinity of the blood, excretion of uric acid by the kidneys is proportionately in excess of the average. A dose of a mineral acid will drive the uric acid out of the blood and diminish its excretion in the urine. Shooting pains in the joints very commonly accompany the disappearance of the uric acid from the blood. The occasional administration of mineral acids will not always cure headache produced by excess of uric acid. It is important that flesh food be eaten very sparingly. Stimulants must be avoided. In severe cases

the diet must be restricted for months to bread, butter, milk, potatoes and fruits. At the beginning of treatment, the washing out of excess of uric acid may be hastened by gr. xv. of sodium salicylate three to four times daily. In some cases a single dose of gr. xx. at bedtime is sufficient.

A Warning to Anesthetists.—Respecting the announcement that the anesthetist in a fatal case of chloroform narcosis, at Sidney, had been found guilty and sentenced to pay two hundred pounds damages, on the ground that the anesthetic had been improperly administered, the *London Medical Press and Circular* remarks that it comes with rather a startling effect. While no conscientious man, be he lay or medical, will dispute the justice of such a verdict when negligence is clearly proved, difficulties arise when such matters are adjudicated upon by a jury of persons who, whatever their intelligence, are profoundly ignorant of what constitutes negligence in this respect. It would be but a step further for juries to enforce an opinion which has been gaining ground as to the inadvisability of giving chloroform at all unless specially indicated. Still, this is a matter well within the discretion of the medical man, and it would be impolitic, as well as unjust, to fetter the exercise of that discretion by a fear of legal consequences. Short of negligence amounting to a criminal act, we can not conceive of such a verdict in this country, and we sincerely hope that the example will not be the means of imposing an additional horror to the life of medical men, who have quite enough to attend to in guarding themselves against vexatious actions for having signed lunacy certificates, and in avoiding the wiles of designing women with an eye to blackmail.

"Sloyd."—A very strong movement is in progress in many European countries, especially the more northern, to combine hand-training with mind-training in the education of youth. This is shown in the reports of the proceedings of the manual-training congress which was held in Munich, three days of last September, and in an exposition which was held in Copenhagen not long ago, in which sloyd exhibits from Norway, Sweden and Denmark were a marked feature. *Sloyd* is the Scandinavian name which is applied to schools of manual training. This tendency in educational methods is worthy of careful consideration, not only for the rudimental industrial education which it offers, but for the hygienic advantage of relieving our schools of their exclusively sedentary character.

The Best Water-Filter.—No organic substance, such as charcoal, says Dr. Chancellor (*Am. Analyst*), can be employed with safety as a filtering material, and, therefore, the discovery and production of a perfect mineral filtering material is a matter of great sanitary importance. The material which presents the largest surface for the occlusion of oxygen in the smallest cubical space is the most powerful purifier and filterer, provided it is composed of the proper substance. Spongy platinum fulfills these conditions best, and is consequently the most powerful purifier and filterer, and the best insoluble oxidiser known. Its enormous price, however, shuts it altogether out from practical use, and spongy iron has been used in its stead. But a cheaper and better filtering material than spongy iron has very recently been produced in England, and is now being produced in that country on a large scale for both public and private filters. This substance, which is known as "magnetic ferrous carbide," is absolutely and entirely free from contamination with animal or vegetable matter, and contains no poisonous metals. The admixture of this substance with sand or gravel forms a filtering medium which purifies itself by deodorizing and disinfecting organic impurities which would otherwise contaminate such beds. The process of combustion is constantly going on in the pores of the material, and the products of that

combustion are tasteless, odorless, colorless, and perfectly wholesome, creating carbonic acid, with which the water becomes charged to a limited extent, rendering it sparkling, as well as palatable and wholesome in the highest degree. Polluted water taken from the River Thames, below London Bridge, was past through a filter composed of this material, and, on being analyzed, was found to be purer than any of the drinking waters supplied by the London water companies.

The Action of Iron in Chlorosis.—Hamburger and others have shown that very little of the iron is absorbed from the alimentary canal, it being taken up solely in the form of organic compounds, such, for example, as are formed in the processes of plant life. Further, that the total iron in the body amounts only to about three grammes, an amount which is taken many times over during treatment. Possibly, as Bunge suggests, the iron is here of use by removing the excess of sulphur from the body; for in chlorosis due to excessive fermentation processes in the alimentary canal hydric sulphide is generated in large amount, and destroys the organic compounds of iron that go to form hemoglobin. The presence of iron in the alimentary canal prevents this destruction going on. Landwehr, however, taking into consideration the limitation of chlorosis to the female sex, and to the period of puberty, is inclined to doubt this explanation. He is disposed on the contrary, to regard the disease as one caused by an excessive development at this period of the substances containing animal gum required for the after nourishment of the embryo, and which act injuriously on the hemoglobin molecule. Iron precipitates this animal gum in the alimentary canal, and thus excess of it leaves the body in the feces.

Massage on Fractures Near Articulations.—Dr. Rafin thus sums up a clinical study of this important subject in the *Lyon Medical*, 1888:

1. Massage applied to the treatment of fractures near to or including joints should receive much more consideration than it heretofore has had.

2. Massage without an immobilizing apparatus is to be applied to such of the above fractures as are not displaced.

3. Massage favors absorption of effused blood, and by that means hastens the process of repair. It also hastens a return of the functions of the part, and prevents plastic products from organizing; also the muscular trophy due to splints.

4. The faults attributed to the method are:
a. Massage hinders consolidation of the fragments. The records of cases seem to contradict this in a majority of instances where the fracture is near a joint.

b. Massage may bring about deformity. This result can always be prevented by the prompt application of a plaster-of-paris splint.

c. Massage is painful. This objection is well founded; more especially is it marked in children, but toleration is soon established.

d. Any break in the skin constitutes a formal contra-indication to the primary treatment by massage.

Shock and Nervous Influence in Parturition.—Dr. Henry P. Newman concludes an article on this subject in the *Chicago Medical Journal* as follows:

1. That we have a higher nervous organization presiding over the process of childbirth and subjecting it to like influences and derangements which obtain in other physiological functions.

2. As civilization advances, the co relation of mind and matter becomes more intimate and complex, and calls for a proportionate advance in psychological therapeutics, and the application thereof to cases of predominate mental and nervous influences.

3. In many cases of so-called tedious labors the irregular contractions of the first stage are the result of an exalted state of nervous irritability.

4. Active interference is needed in many cases of protracted labor due to nervous influence, to guard against the dangers of exhaustion and shock.

5. Much is to be expected from judicious prophylaxis. Especially would I urge the necessity of direct professional supervision over the entire period of gestation from the earliest moments.

6. There will still remain to be combatted social, moral and educational environments, which we can scarcely expect to see abolished until the laity, as well as the profession, is better informed as to the deleterious consequences of departure from the standard of physiological perfection in the mothers of our race, and the best means of approximating that equipoise of the mental and physical organizations which it was primarily the design of nature to establish.

Deaths from Anesthetics in 1885.—The deaths during narcosis in the past year in England has been collated by Dr. E. H. Jacobs, and reported in the *Brit. Med. Jour.* Twelve deaths occurred during chloroform narcosis during an unusually severe list of operations, only four being trivial. The casualties from ether are but three, a small record considering the general use of ether in English surgical centres. No death is recorded from methylene bichloride, or from mixtures of ether and chloroform.

Present Standing of Tobacco Amblyopia.—After a thorough examination of this subject, in the *Am. Jour. of Ophthalmology*, February, 1886, Dr. J. L. Minor concludes as follows:

"The disease occurring as it does in neurotic subjects, and resembling in many respects the hereditary amblyopia of Leber, and the retinitis nyctalopia of Arlt, shows to my mind no alliance with nor dependance upon tobacco."

German Measles.—Kraatsch points out a sign of German measles, which is almost pathognomonic according to his experience, having been present in every case he met with in one epidemic. This is an enlargement of the cervical lymphatic glands, particularly those over the mastoid process. In most cases there is also an enlargement of the glands of the axilla and groin. This glandular enlargement has never been observed by Kraatsch in cases of common measles.

Hereditary Plumbism.—A detailed account of hereditary lead-poisoning in a baby has been brought forward by MM. Legrand and Winter (*Practitioner*). Both father and mother had been deeply poisoned. Five of their children had been born dead. The sixth lived only fifteen days. At the necropsy some remarkable signs were noticed. The kidneys were very small, weighing less than a dram, and granular, and sclerosed throughout. The liver showed universal circumlobar cirrhosis, with islands of fatty degeneration in the periphery of the lobules. Throughout this circumlobular fibrous tissue a solution of ammonium sulphide gave an abundant precipitate of fine black grains within the cells, which was slowly dissolved by acetic acid. The liver weighed nearly two ounces, and contained about three per cent. of lead.

Operation for a New Bladder.—Professor Tizzoni and Dr. Poggi, of Bologna, have devised and carried out an extremely ingenious operation for the purpose of restoring the bladder in cases where it is partially destroyed by disease. The object of the operative procedure is to replace the bladder by means of a substitute, the substitute being a portion of intestine. The operation (on an animal) was performed in stages, an interval of about a month elapsing

between them. The first step of the operation consisted in cutting out a portion of the intestine, the two ends from which it was taken being immediately sutured; the mesentery was left attached to the excised portion. The ends of this portion were then closed so as to form a sac; one end was then brought down and fixed to the neck of the bladder. The second portion of the operation consisted in separating the ureters from the bladder, excising the latter organ, suturing the intestinal sac in the position of the bladder, and grasping the ureters on to its posterior wall. For a few days there was incontinence of urine, but after about a fortnight the sphincters regained its power and the animal recovered completely. In consequence, however, of the small size of the new bladder, micturition was necessarily very frequent. Professor Tizzoni and Dr. Poggi propose to repeat this experiment on another animal, taking care to excise a larger portion of intestine, so as to imitate more closely the normal capacity of the bladder.

A Novel Tobacco Antidote.—Habitual tobacco users and whiskey drinkers have been cured by the following plan: Those who smoke their first cigarette say at seven o'clock in the morning, begin by putting it off just ten minutes past the hour for a few days, then make it fifteen or twenty minutes, and so on, until it will be noon and then night before the first one is smoked. If it is slow it is certainly a sure way of tapering off if faithfully followed.

Mithridatism.—Professor E. Ray Lancaster proposes, in *Nature*, the introduction of the word "mithridatism," to indicate an immunity from the effects of a poison induced by the administration of gradually increasing doses. The corresponding verb and adjective would be mithridatize and mithridatic. The choice of the word is based on the tradition that Mithridates, King of Pontus, became so impregnated with the poisons with which he experimented as to gain immunity from the action of all poisons.

Glass Catheters.—At a meeting of the Obstetrical Society of Philadelphia, Dr. H. A. Kelly said that some five years ago he was hard pressed to catheterize a woman suffering from a distended bladder. Not having his catheter with him and being at some distance from his office, he took the crooked glass tube out of the baby's feeding bottle and drew the water with perfect ease. Since that time he had, more or less, constantly used glass catheters, which he had had constructed for the purpose, and he placed far more confidence in the glass than in the metal catheters. They are very cheap, safe (never breaking when in use), and cleansed with ease and certainty. He was not surprised this summer when he found well made glass catheters for sale at the instrument makers in Berlin. He presented two patterns, which were sold by Gemrig, at twenty-five cents each.

Menstruation in a Child Three Years Old.—Dr. H. Kornfeld describes (No. 19 of the *Centralblatt für Gynäkologie*) a case of menstruation in a child three years old. The child, which was addicted to onanism, had on April 5 a hemorrhage from the genitalia, diminished at noon, and had disappeared the next morning. An injury—an abraded spot or any other source of the bleeding—was certainly not present. Bleeding recurred regularly at the beginning of May, June, July, at precisely the very time the mother menstruated.

Hypnotism.—A part of Cory's Hypnotism or Mesmerism (Boston: Mudge; 12mo.) is taken up with the consent of the subject in the act of hypnotization. He shows, in one case, that the most intense efforts to will a person to sleep, when the latter is unaware of the attempt, prove

unavailing; while entire passivity is sufficient to cause sleep when the subject has been led to believe that an attempt to hypnotise her is being made. Mr. Cory sums up his conclusions thus: (1) Hypnotism is related to an abnormal constitution of the nervous system; (2) only a small percentage of persons are hypnotizable; (3) the condition is entirely due to suggestion, no one being hypnotizable without being informed, or led to expect, that he is to be the object of experiment; (4) the condition may be self-induced; (5) in certain cases the hypnotic is insensitive. Mr. Cory's experiments on negative hallucinations are extremely ingenious. He shows that, when an object is removed by suggestion from the field of vision, the subject takes note of some peculiarity by which to recognize that she is to ignore it. What the eye sees the mind refuses to recognize. If a number of precisely similar objects are presented, the subject has no longer a clue as to which is to be ignored, and the suggestion fails.

Electricity in Uterine Diseases and Displacements.—Dr. Laphorn Smith read a rather remarkable communication before the Gynecological Section of the International Medical Congress, at Washington, in which he showed that nearly all these diseases depended on muscular relaxation; that the organ itself was kept from flexing either forward, backward or laterally by its inherent muscular tone; that it was prevented from prolapsing or bending by the tone of the muscles which support it in the pelvis, which muscles have heretofore been erroneously termed ligaments, a term which is erroneous and misleading, because it led to an improper treatment by pessaries; that the weight of the organ itself depended on the muscular tone of the blood vessels which permeate it; that when from any cause any of those muscles, either of the vessels, of the organ itself, or of its supports, become relaxed, the organ became too heavy for its supports, and at the same time the supports became too weak for the organ. It could thus be understood that a slight amount of flexing would take place without their being any pathological change; but if the displacement became more pronounced, this again reacted on the circulation, and an obstacle being offered to the free movement of the blood, the current would be stopped in the same way as water would be arrested by a kink in a rubber tube. He pointed out that the real cure of diseases and displacements of this organ did not lie in cutting, scraping and otherwise mutilating it, but in accelerating the retarded circulation, contracting the dilated and congested vessels, and in toning up by every means in our power the relaxed muscles of the organ and the supports.

The most enlightened gynecologists have been of late years gradually coming to recognize these facts, to abandon more and more the treatment by pessaries, and to direct their efforts to reducing the organ to its normal size and weight by means of those remedies which, applied locally, reduce the engorgement, such as glycerine and tannin, or those which contract the blood vessels and muscles when administered internally such as ergot, strychnine and hydrastis canadensis.

By the wonderful discoveries of apostoli in the application of the galvanic and faradic currents to gynecology, a new order of things has been inaugurated, and now all diseases of the uterus can be treated scientifically and with the certainty of cure. Thus flexions, versions and prolapsus can be positively and quickly cured with from twenty to thirty applications of the faradic current through the short thick wire, introduced into the vagina by means of Apostoli's bi-polar excitor, or in obdurate cases with the intra-uterine excitor, which is especially applicable to cases of sub-involution. The worst cases of sub-involution again can be speedily reduced by means of the positive continuous current, applied by means of a platinum or gold sound, properly protected with a celluloid sheath. This latter

acts as a powerful alternative, under whose influence the diseased mucous membrane is displaced by a healthy one, even bleeding polypi coming painlessly away. But it is especially in fibroids that he has achieved the greatest triumph of this age, for a strong, continuous current, either positive when applied to the interior of the uterus, or negative when introduced by puncture into the substance of the growth through the vaginal roof, causes this dangerous deposit to be reabsorbed and to more or less completely disappear.

Another of the most gratifying uses of the faradic current the reader of the paper showed was the alleviation and removal of that most distressing symptom, ovarian pain. This is attained with the bi-polar application of the current from the long fine wire, which gives great tension to the ovarian region through the vaginal. It will thus, he said, prove the death knell to that large class of gynecologists who glory in removing healthy ovaries. In cases of vaginismus, leading to dyspareunia, no hitherto known remedy could offer any cure so speedy and certain in this, as in ovarian pain, the worse the suffering the more certain were we of curing it. In fact, he thought there were no diseases of the uterus or ovaries, with the exception of ovarian tumor and malignant disease, which could not be cured by some of the many varied forms of the electric current. In support of his assertions he related some remarkable cases, where the results of its employment had far exceeded his enthusiastic expectations.

Presentiments.—From an article by Rev. J. M. Buckley in the *July Century* on "Presentiments, Visions and Apparitions" we quote the following: "Since that experience, in many voyages I have made it an object to inquire of travelers and others concerning presentiments and have found that they are very common, occasionally fulfilled, generally not so; and that it is the tendency with practically all persons who have had one presentiment come true to force themselves into all, and to become tyrants over those dependent upon them or those traveling with them. It is to be frankly admitted that no matter how vivid the supposed presentiment might be, its non-fulfillment would not demonstrate that there are no presentiments which must have originated external to the mind of the subject; but having been led by my experience to induce many persons to defy such feelings without a single instance of reported evil results, it confirms strongly the hypothesis of their subjective origin."

"That presentiments are governed by no moral principle in the character of the subjects to which they are applied, the persons who receive them, the occasions upon which they are given, and their effects, is apparent. The most immoral have claimed to have them, have communicated them to others, and they have sometimes been fulfilled by events from which the persons having them have derived great personal advantages. The best of men have had presentiments, but the great majority of good people have not; and the greatest calamities which have befallen most persons have come without any warning whatsoever, except such as could be inferred from existing situations. Experience, foresight, and guidance by ordinary sagacity have been all that mankind have had to rely upon; and to be governed only by these, combating or disregarding presentiments, impressions and powerful impulses for which no foundation can be found in the nature of things, is the only safe and stable rule."

The Temperance Question in India.—From an article by Bishop Hurst under the above title in the *July Century* we quote the following: "An army surgeon, of twenty years' intimate knowledge of India, in a paper read before the Colonial Temperance Congress in 1886, wrote thus:

"Twenty years' personal observation in the Northwestern provinces has demonstrated to me the appalling fact that

the entire race of hereditary owners of the soil have all been swept off by drink. Brandy or government rum is what these poor creatures take to when the taste has been lighted up; and it is certainly a subject for thoughtful consideration, that, while we in this country are rejoicing at the reduction of the excise revenue in Britain, what are we to say of the gradually increasing liquor revenue in India?"

How to Act When Bitten by a Rattlesnake.—Dr. S. Weir Mitchell contributes to the *August Century* a profusely illustrated article on "The Poison of Serpents," from which we quote the following: "I am often asked what I would do if bitten while far from help. If the wound be at the tip of a finger, I should like to get rid of the part by some such prompt auto-surgical means as a knife or a possible hot iron affords. Failing these, or while seeking help, it is wise to quarantine the poison by two ligatures drawn tight enough to stop all circulation. The heart weakness is made worse by emotion, and at this time a man may need stimulus to enable him to walk home. As soon as possible some one should thoroughly infiltrate the seat of the bite with permanganate or other of the agents above mentioned. By working and kneading the tissues the venom and the antidote may be made to come into contact, and the former be so far destroyed. At this time it becomes needful to relax the ligatures to escape gangrene. This relaxation of course lets some venom into the blood-round, but in a few moments it is possible again to tighten the ligatures, and again to inject the local antidote. If the dose of venom be large and the distance from help great, except the knife or cautery little is to be done—that is of value. But it is well to bear in mind that in this country a bite in the extremities rarely causes death. I have known of nine dogs having been bitten by as many snakes and of these dogs but two died. In India there would have been probably nine dead dogs."

A Botanical Phenomenon.—The *Boston Herald* describes an interesting plant known as the *Amorphophallus titanum*, which was discovered in 1878 by Dr. Beccari, in western Sumatra, and a seedling of which has been on exhibition in the Kew gardens, London. It is said to be something of a botanical phenomenon in size as in other features. The seeds were germinated in Italy and the plant now on exhibition has been several years developing. Year after year the gigantic tuber has demanded a larger pot, and annually it has produced an enormous leaf, at first resembling a trunk, but afterward parting into three branches ten feet above the tuber, which developed into veins or ribs of the leaf nearly four yards in length, and made one immense leaf forty-five feet in circumference. In March last, the tuber was reported to weigh fifty-seven pounds, and measured four feet eight inches in circumference. In May last no signs of the usual leaf development were given, but what proved to be the flower had begun to push its way toward development. Its progress at first was at the rate of an inch a day; then two inches a day were added to its stature, until, in June, its upward progress was almost visible. Excitement among the habitués of Kew garden, and scientific men at large, was intense. But though many were watching for the unfolding of this great flower, its singularly fugitive character was destined to disappoint even some of the vigilant who happened not to be present during the few hours of its unfolding. On the last Friday in June last the flower began to unfold, to spread its great toothed rim, and to exhibit the wonderful maroon color of its lining. It was majestic in its beauty—there was no doubt of that—and by eight o'clock p. m. of the same day the unfolding process was finished and the Titan of its race stood in its completeness. But, oh! the horror of its smell, which filled the spacious greenhouse to overflowing and compelled even the enthusiasts to

flee hastily with handkerchief to nose—a stink such as all the condemned fish of a great city would hesitate to emit. This vile odor is common to all the aroid family, to which this plant belongs, its purpose being jointly for protection and to induce fertilization. In this especial case every fly and insect gathered about the gigantic spadix, instantly fertilizing the tiny blooms which clothed it to its summit.

This amorphophallus belongs to the arum family, many members of which are common among our wild flowers, and familiar to us all. But a wide gulf separates it from its modest congeners of the temperate zone. The spathe or encircling frill from which rises the spadix, measured four feet across and was three feet deep. The interior of this spathe held for those who pinched their noses, and had the courage to look into its depths, a wonderful show of color—maroon purple, tinged with a violet velvet-like sheen, indescribably beautiful. This lining had a superb effect, pouring over the edges, greenish white, boldly toothed and crumpled. The spadix measured five feet from its base, which was ten inches in diameter, and gradually narrowed to a blunt point, green at first, but as it grew older turning to drab. The stature of the entire flower was six feet nine inches, and in future years, whenever the tuber chooses to again develop another bloom, these wondrous dimensions will no doubt be exceeded.

The Causes of Insanity.—An interesting table (*Pall Mall Budget*, Aug. 22), showing the assigned causes of insanity in the cases of all patients admitted into public and private asylums in England and Wales during the ten years 1878-'87, is given in the report of the commissioners in lunacy just issued. These causes are not taken from the statements in the papers of admission of the patients, but are those which have been verified by the medical officers of the asylums. The total number of admissions during the ten years was 136,478, being 66,918 of the male and 69,560 of the female sex. The totals in the following table exceed the whole number of patients admitted, as in some cases there was a combination of causes:

Cause of Insanity.	M.	F.	Total.
MORAL:			
Domestic trouble (including loss of relatives and friends).....	2,787	6,782	9,569
Adverse circumstances (including business anxieties and pecuniary difficulties).....	5,498	2,567	8,065
Mental anxiety and "worry" (not included under the above two heads), and overwork.....	4,435	3,843	8,278
Religious excitement.....	1,698	2,076	3,774
Love affairs, etc.....	436	1,738	2,224
Fright and nervous shock.....	639	1,314	1,953
PHYSICAL:			
Intemperance in drink.....	13,286	5,004	18,290
Sexual diseases.....	2,684	763	3,447
Over-exertion.....	449	312	761
Sunstroke.....	1,557	129	1,686
Accident or injury.....	3,497	702	4,199
Diseases of women.....		11,315	11,315
Puberty.....	170	412	582
Fevers.....	489	391	880
Privation and starvation.....	1,112	1,485	2,607
Old age.....	2,568	3,295	5,773
Other bodily diseases or disorders.....	7,420	7,299	14,719
Previous attacks.....	9,565	13,138	22,703
Hereditary influence ascertained.....	12,703	13,360	26,063
Congenital defect ascertained.....	3,461	2,420	5,881
Other ascertained causes.....	1,584	738	2,322
Unknown.....	14,386	13,985	28,371

The total number of lunatics, idiots and persons of unsound mind in England and Wales on the 1st of January last was 84,340, being an increase of 1,697 on the figures of the previous year. The ratio to the whole population has risen from 28.87 to 29.07 per 10,000, which is the highest point at which it has stood. The rate of recovery to the admissions is calculated at 38.71 per cent.

Auto-Infection in Tuberculosis.—Every physician who has had any large experience with tubercular diseases has, no doubt, frequently asked himself the question, why do my patients suffering from tuberculosis take relapses? By

the use of the many modern resources of treatment he usually succeeds in getting most forms of tubercular inflammation to temporarily improve and some forms to get well. Where the tubercular inflammation is external and entirely within reach of mechanical interference, he is, indeed, master, and can always cure; but where it is beyond his reach, his best efforts are attended with uncertain results. In tubercular enteritis and pulmonitis, for example, his patient will improve under careful treatment, and just when he has arrived at that stage where he promises ultimate recovery, without any understandable cause he takes a relapse. The people say he has taken a fresh cold, and the physician, for want of a better explanation, says so, too. A careful observation of the phenomena has convinced Dr. Lawrence F. Flick (*Times and Register*, May 4, 1889,) that they are not the result of taking cold, but of auto-infection. He relates several cases which had something to do with bringing him to that conclusion, and proceeds as follows: "In these and other similar cases there was no exposure that could have accounted for the sudden change in the course of the disease. In none of the cases did the change come in extremely cold weather, and in one it came during the summer. Taking cold, moreover, would not satisfactorily account for the phenomena, as in each case there were new centres of disease, and talking cold should only have affected the old centre. Auto-infection not only gives a proper explanation of these and all similar cases, but renders intelligible many clinical facts about phthisis which are otherwise hard to understand.

"Were it not for auto-infection I believe that most cases of tuberculosis, at least most cases in which the disease is outside the cranium, would get well. In every case which has ever come under my notice there was a decided effort on the part of nature to establish a cure, and in proportion as the victim had retained his powers of digestion and assimilation she made a good, bad or indifferent struggle against the disease. In her very effort, however, seems to lie the danger, for by trying to resolve the tubercular deposits she is liable to start up new centres of disease.

"The theory of auto-infection not only explains to us why certain methods of treatment are successful, but points out to us the direction in which we have to look for the cure of tuberculosis. Out-door life and nutritious food have always been looked upon as the most useful measures in the treatment of consumption, and they have been useful because the former affords a partial sterilization and the latter enables the system to better combat the disease.

"It is to sterilization that we must look for the means of curing tuberculosis when it is beyond the reach of mechanical interference. Nature is always able to repair the damage resulting from the presence of a foreign body, but in many cases of tuberculosis she seems to be unable to prevent the reproduction and colonization of the bacillus. Whatever will enable her to do this will help to cure tuberculosis."

Test for Blood.—A simple test for blood, and easy of application, is made by the addition of tincture of guaiac and ozonized ether to a weak solution of blood, when a bright blue color is produced. If a drop of blood be mixed with one-half ounce of distilled water, upon the addition of one or two drops of tincture of guaiac a cloudy precipitate of the resin appears, and the solution has a faint tint. If to this solution one drop of an ethereal solution of hydrogen peroxide is added, a blue tint appears, which, upon a few minutes exposure, gradually deepens. This test is very valuable for minute quantities of blood, and one experimenter succeeded in obtaining sixty impressions from a stain upon cloth where the microscope failed to show any blood.

MISCELLANY.

—Dr. Strong, Chief of Staff W. I. Hospital, reports 783 patients under treatment during the month of August, mortality 2.68 per cent.; 2,785 have been treated since January 1st; mortality 5.71 per cent.

—Prof. Thiersch, of Leipsic, after giving intubation a thorough trial, has abandoned it entirely for the method of tracheotomy, by which means, he says, he can save one-half of his patients.

—Dr. W. R. Gowers (*Lancet*, April, 1889) thus concludes a lecture on "Syphilis and the Nervous System:" "With all the force that any knowledge I possess can give, and with any authority I may have, I assert as the result of long observation and consideration of facts of every kind, that no man ever yet was in the slightest degree or way the better for incontinence; that for it every man must be worse morally, and that most are worse physically, and in no small number the result is, and ever will be, utter physical shipwreck on one of the many rocks, sharp, jagged-edged, or one of the many banks of festering slime that are about his course, and which no care can possibly avoid. And I am sure, further, that no man was ever yet anything but the better for perfect continence."

—Medical men in general are probably not aware that in France the doctor's claim on the estate of a deceased patient has precedence of all others. Even the landlord's claims for arrears of rent must yield to the doctor's fee. The courts have decided that as it is an imperative right of humanity that the dying should have the necessary care and treatment, such attendance should be paid for before all other debts.

—A decoction of quassia, to which a little borax and glycerine have been added, will remove lice and other parasites from the hair better and more quickly than any other known means.

—A prize of 10,000 francs is offered by the Académie de Médecine, Paris, for the best work on the treatment of stricture of the urethra, or on the therapeutic methods for diseases of the urethra.

—A prominent physician has a card hanging in his office, reading: "Consultations from 1 to 2." The other day, a millionaire patient handed him a dollar and a half, and got out before the doctor noticed that some vandal had placed the sign of "\$" before the figures.

—Some of our readers may be surprised at the term, "tonsils of the tongue," as the word "tonsil" is usually applied to what anatomists call the "faucial tonsil;" and they will be interested to learn that aggregations of glandular tissue exist at the base of the tongue, which are but part of a ring of glandular tissue surrounding the opening of the mouth into the pharynx. These masses may become hypertrophied, just as what are usually known as the tonsils do, and when this happens they are to be treated by reduction or destruction of the redundant tissue.

—The otological congress will be held at Brussels, from the 10th to the 15th of this month, and it will be followed by the meeting of the German doctors and naturalists at Cologne.

—A correspondent of the *Med. and Surg. Reporter* states that Bill Jones, "The Greatest Phenomenal Glass-Eater of the Age," during a three weeks' engagement at a Chicago dime museum, ate on an average of two lamp chimneys a day, which would make a total, with the three Sundays included, of forty-two. He actually eats the glass and discharges it from the bowels in the same state as when swallowed.

—A new and ingenious test for detecting the addition of water to milk is reported (*Quart. Therap. Rev.*, Jan., 1888), based upon the fact that all well and river water contains nitrates of either calcium, sodium, potassium, or ammonium in varying proportions. The presence of either of these, according to the source of the water, may easily be determined in the residue left upon evaporation of the water. These nitrates in the proportion present in the drinking water, produce a blue color with diphenylamine sulphate. In testing, twenty drops of the diphenylamine sulphate is placed in a saucer and a little of the suspected milk poured into it. In the presence of only five per cent. of well water of ordinary quality in the milk, it will gradually assume a blue tinge.

—Gluten bread is recommended by Dr. Woltering, of Munster, Wurtemberg (*Allg. Med. Cent. Zeitung*), both on account of its extremely nutritive qualities as an article of diet, and its very low price. It is three times as nourishing as meat; and bread made with the addition of forty per cent. of gluten, contains more albumin than hare or chicken of the best quality.

—The colonial surgeon of Hong Kong says, the experience obtained in the Hong Kong jail is that the habit of opium smoking is far less deleterious than spirit drinking. Old confirmed smokers were found to have preserved a good appetite, and it was further found that the suffering attendant on the deprivation of opium, which is not allowed to any one in the prison, was not more than in the case of a tobacco smoker deprived of his pipe.

—Dr. Sophia Jex-Blake, of the Edinburgh School of Medicine for Women, has successfully passed all the examinations of the Edinburgh Extra-Mural School before a committee of the conjoint colleges of physicians and surgeons, and thus occupies the status of a lecturer on midwifery in the Extra-Mural School. It is believed to be the first instance of the admission of a woman lecturer on this branch in a public school.

—It is said that when Dr. Thomas Mason was engaged to Miss Anna Lathrop, the Harvard boys called it an Anna-Tommy cal match.

—A recent examination of 1,000 school-children showed that 703 had errors of refraction.

—Lawson Tait says it is very bad practice to administer morphia to allay pain or produce quiet after a severe operation.

—Dissolve one-half ounce camphor in three ounces of turpentine and apply to the breasts when necessary to stop the secretion of milk.

—The University of Oxford has given to Dr. J. S. Billings, U. S. Army, the degree of D. C. L., in recognition of his services in preparing the index medicus, in the development of the library of the surgeon-general's office, and the army medical museum, and the construction of the plans of the Johns Hopkins Hospital.

—The Society of Science, Letters, and Art, of London, has awarded to Ephraim Cutter, M. D., LL. D., a gold medal for his papers recently read before it, entitled: "The Relations of Medicine and Music, Cleaned Whole Meat, and Hygienic Drinks."

—In the cases of the State of New Hampshire vs. Drs. C. D. Hinman and D. D. Pennoyer, of Portsmouth, the former indicted for practicing dentistry, and the latter medicine, without a license, the full bench of the Supreme Court has just rendered a decision quashing the indictments and declaring that the law requiring a license for the practice of medicine, surgery and dentistry is unconstitutional.